

Name
in
Full

Caroline E. Appel

CERTIFICATE OF DEATH

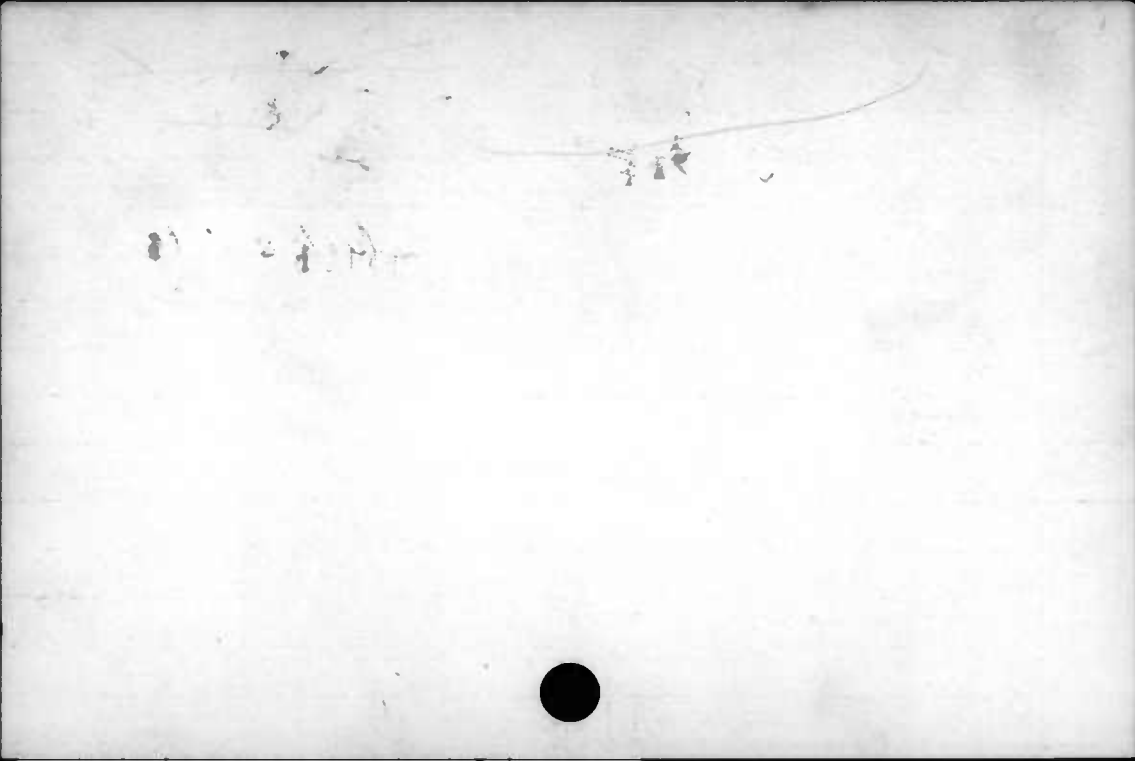
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>15</i>	Age <i>73</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>					
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Henry Appel</i>							
Father's Name <i>[Signature]</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>[Signature]</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Son</i>				How related to deceased <i>27</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>2 yrs</i>
Immediate <i>Apnoea</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Stansbury</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

Mrs Anna M. Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>May</u> ^{Month}	<u>15</u> ^{Day}	Age <u>63</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u> </u>		
Married, Single or Widowed <u>Widowed</u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u> </u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paresis - Bright's disease</u>	How long <u>about 1 year</u>
Immediate <u>asthenia</u>	How long <u>last month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. V. Leansbury M.D.</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u> </u>	

113



Name
in
Full

Ann T Boal.

CERTIFICATE OF DEATH

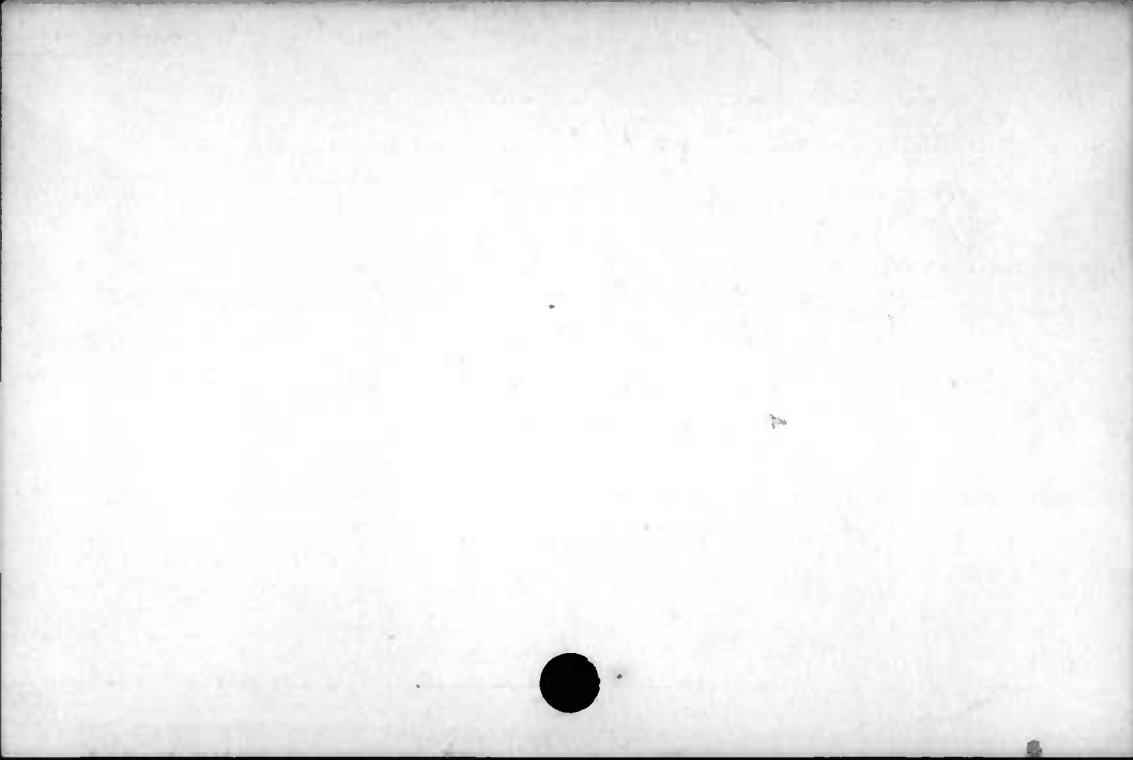
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> Town		<u>Alleghany</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>8th</u>	Age <u>28</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Barton Md.</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Home keeper</u>				
Name of Wife or Husband <u>David S. Boal.</u>					
Father's Name <u>Philip Keys.</u>		Father's Birthplace <u>England.</u>			
Mother's Maiden Name <u>Mary Davis</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Her father (P. Keys)</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hepatitis</u>	How long <u>Three months</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>J. H. McGann M.D.</u>
	Address <u>Barton Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

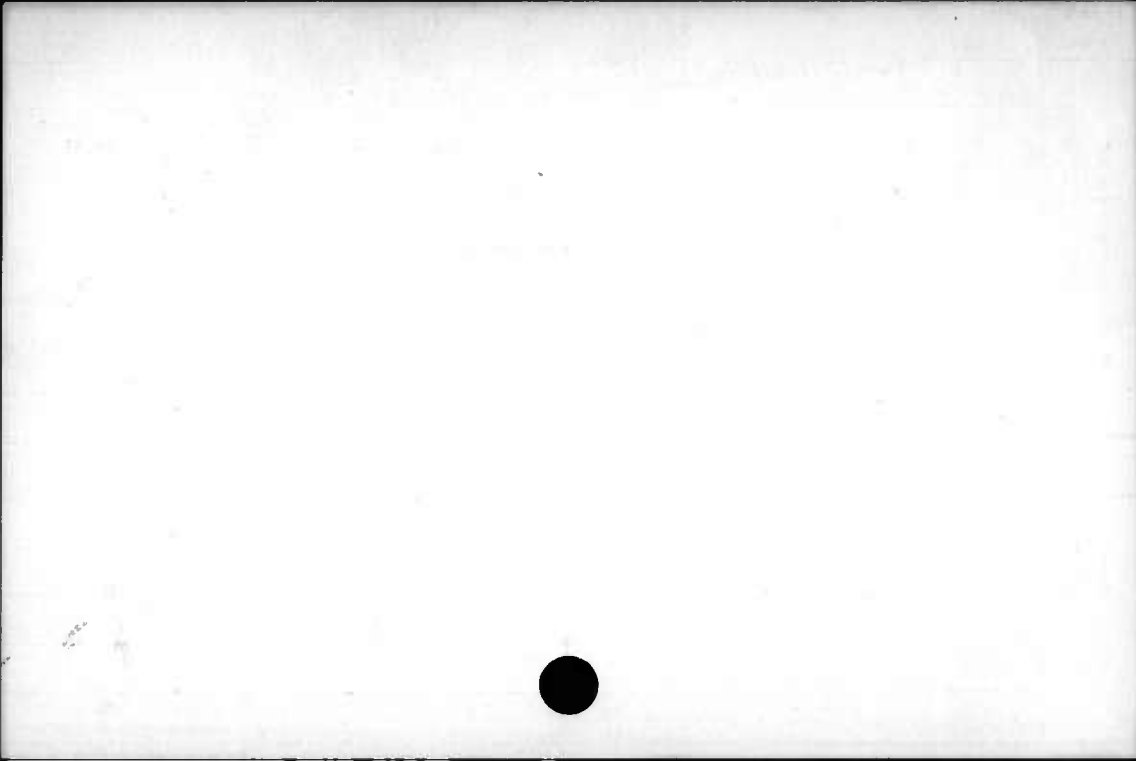
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>Allegany</u> County		Juni	
Date of death <u>1903</u> Month <u>May</u> Day <u>21</u>		Age <u>Premature</u> Years <u>0</u> Months <u>0</u> Days <u>0</u>		MARYLAND	
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Cumb.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Louis Borchert</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Katie Dreyer</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving Information <u>Father</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pre disposition to death -</u>		How long <u>3 yrs.</u>	
Immediate <u>Still-born</u>		How long <u>—</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. H. Stansbury</u>	
		Address <u>Cumberland</u>	
Accident or Suicide? <u>—</u>		<u>Ind</u>	



Name
in
Full

CERTIFICATE OF DEATH

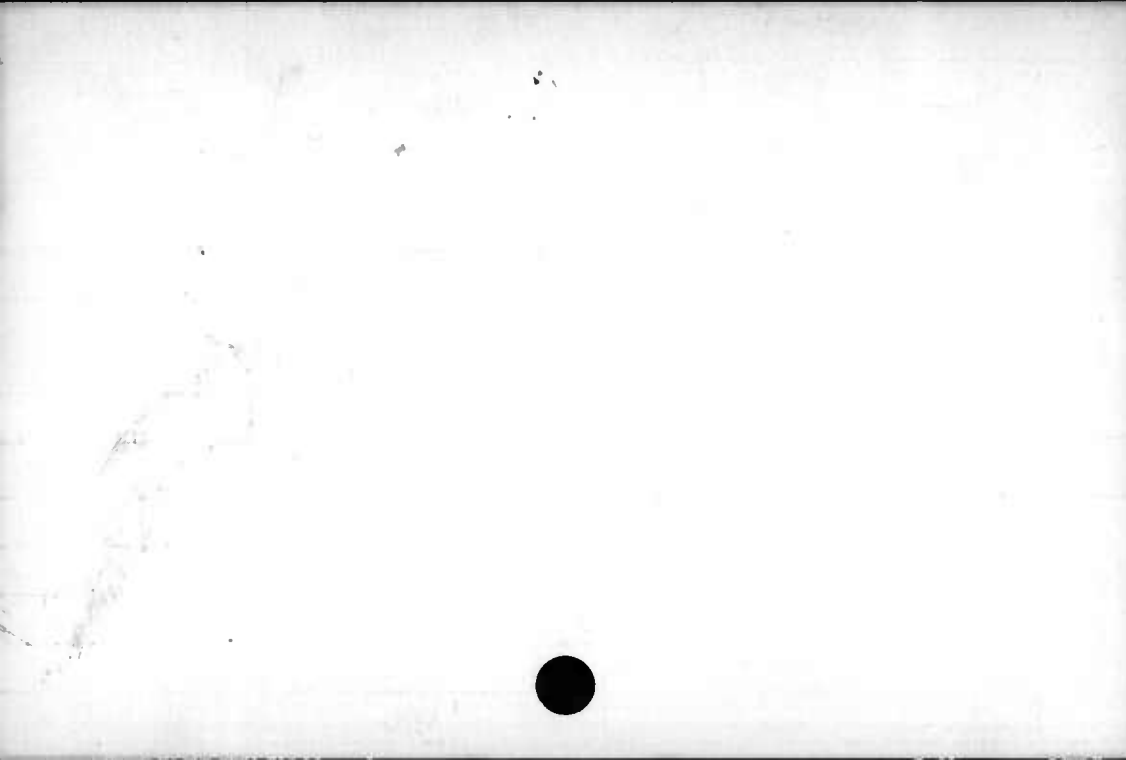
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>Trinity</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>May</u>	Day <u>21</u>	Age <u>Premature</u>	Months <u>2</u>	Days <u>6 hours</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>City</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <u>Louis Bozchuk</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Katie Dreyer</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Louis Bozchuk</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mother's predisposition to abort</u>	How long <u>3 yrs</u>
Immediate <u>Insanition</u>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. H. Stansbury</u>
	Address <u>Cumberland Ind.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

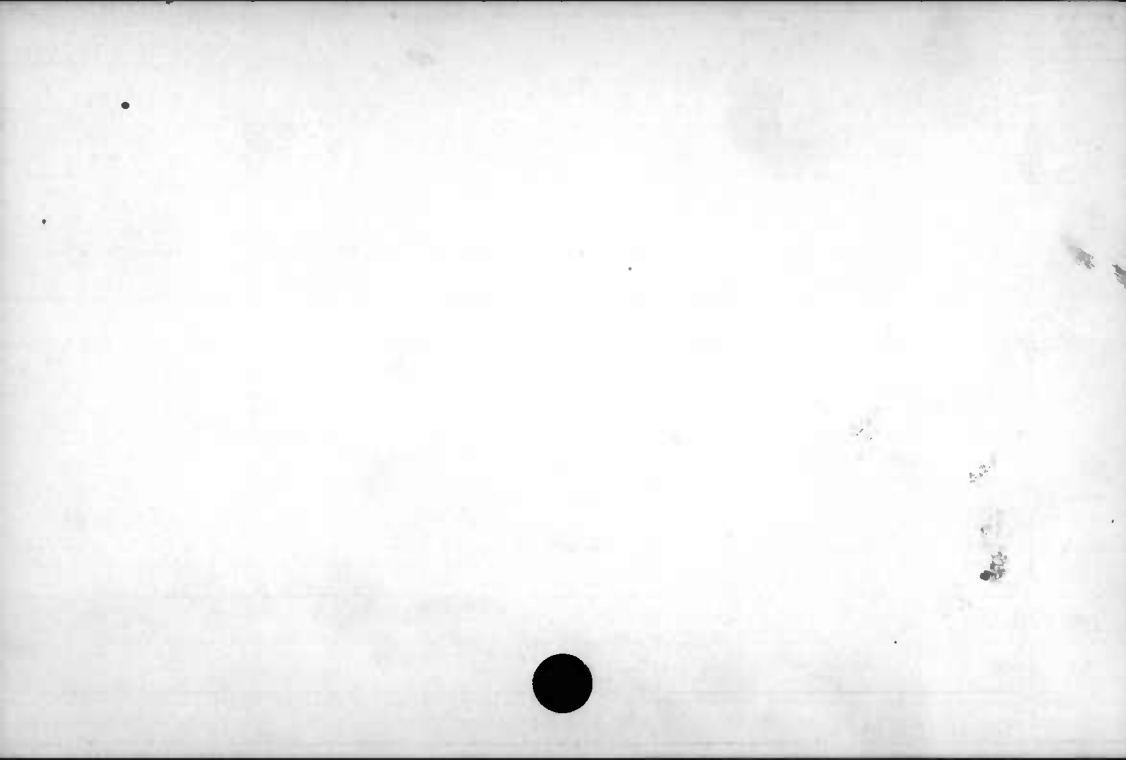
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>13</i>	Age <i>1</i> Years	Months <i>1</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		
Married <i>Single</i> or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>A. J. Briggs</i>			Father's Birthplace <i>Saunderburg Pa.</i>		
Mother's Maiden Name <i>Ann O'Malley</i>			Mother's Birthplace <i>Westernport Md.</i>		
Name of person giving information <i>A. J. Briggs</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>105</i>	How long <i>Thrs weeks</i>
Immediate <i>Convulsions</i>		How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Skilling</i>	
	Address <i>Lonaconing</i>	
Accident or Suicide? <i>—</i>		



Name

in
Full

Mrs Annie Callahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt.</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>5</i>	Age <i>8.5</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Henry Mattingly</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>—</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W W White</i>
	Address <i>Cumt. W. Va.</i>
Accident or Suicide? <i>—</i>	

49265

QBXO

Name
in
Full

Norvell Campbell

CERTIFICATE OF DEATH

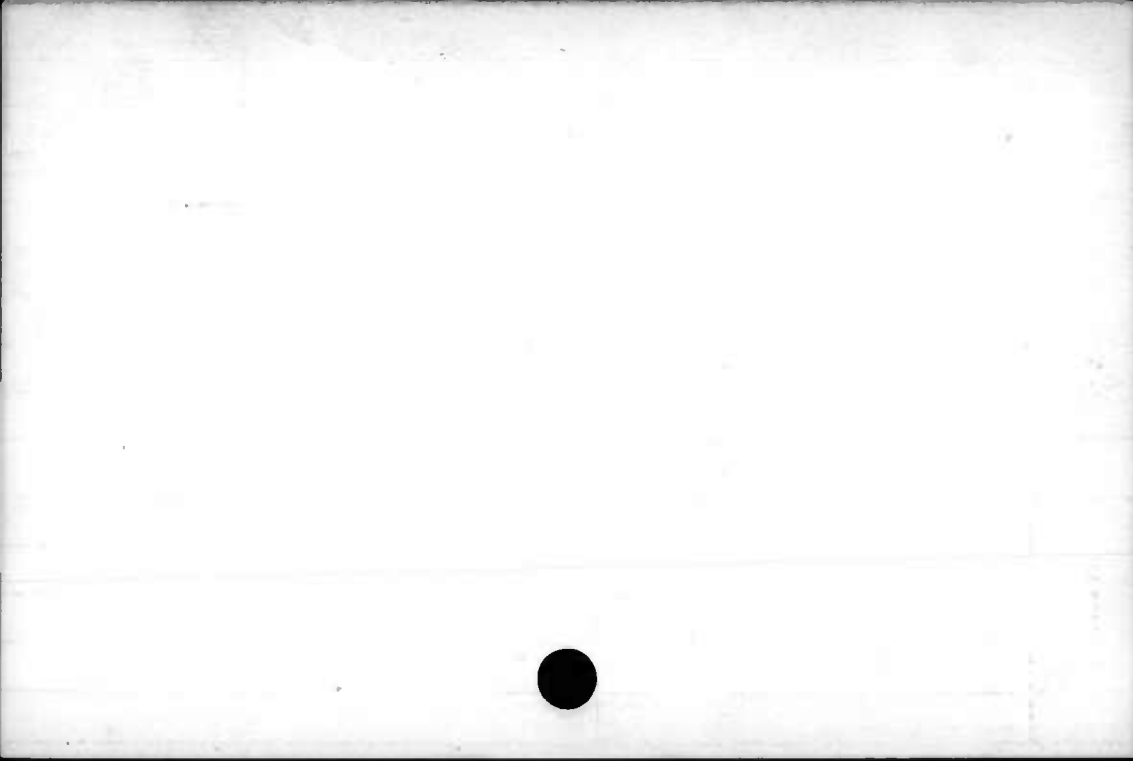
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Meningitis	23 days
Immediate	How long
Heart Failure	Six hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

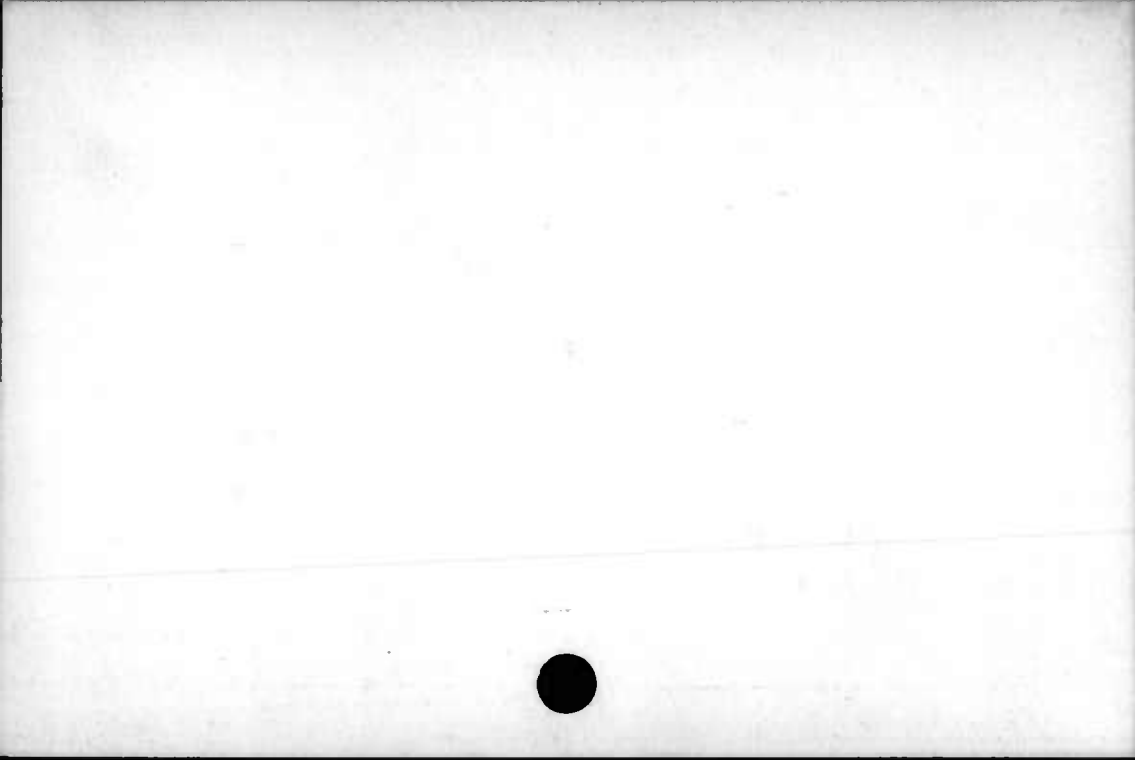
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. Savage</i> Town		<i>Keegan</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>1</i>	Age <i>67</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Co. Down, Ireland</i>			
Married, Single or Widowed <i>69</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Johnia Carter</i>					
Father's Name <i>Patrick Coelings</i>				Father's Birthplace <i>Co. Down, Ireland</i>	
Mother's Maiden Name <i>Bridget Mc Mullen</i>				Mother's Birthplace <i>Co. Down, Ireland</i>	
Name of person giving information <i>Owen W. Carter</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>34 years</i>
Immediate	<i>Rupture middle Meningeal</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Quales</i>	
		Address <i>W. Savage Rd.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

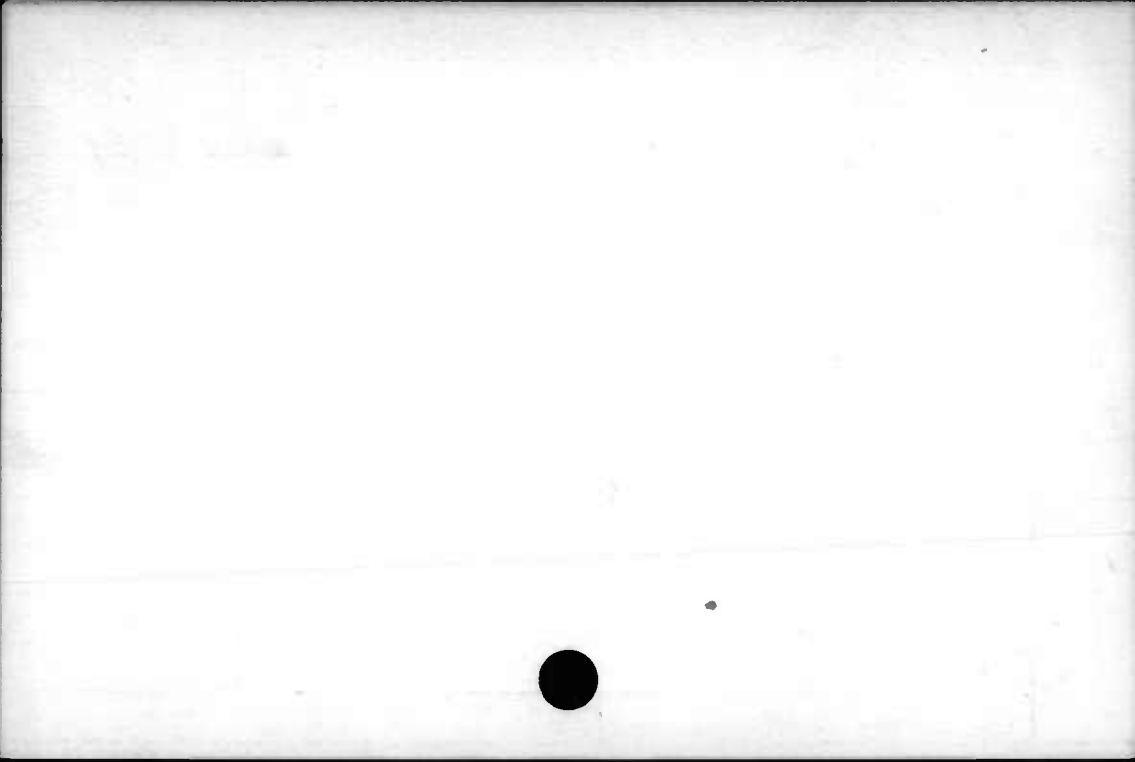
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>asylum bmkd</i>		Town <i>allghany</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>10</i>	Age <i>47</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>bmkd</i>				
Married, Single <input checked="" type="checkbox"/> Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Jacob Bouters</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Dead found in Bed</i>	How long <i>179</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm J. Corne</i>
	Address <i>Barren</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

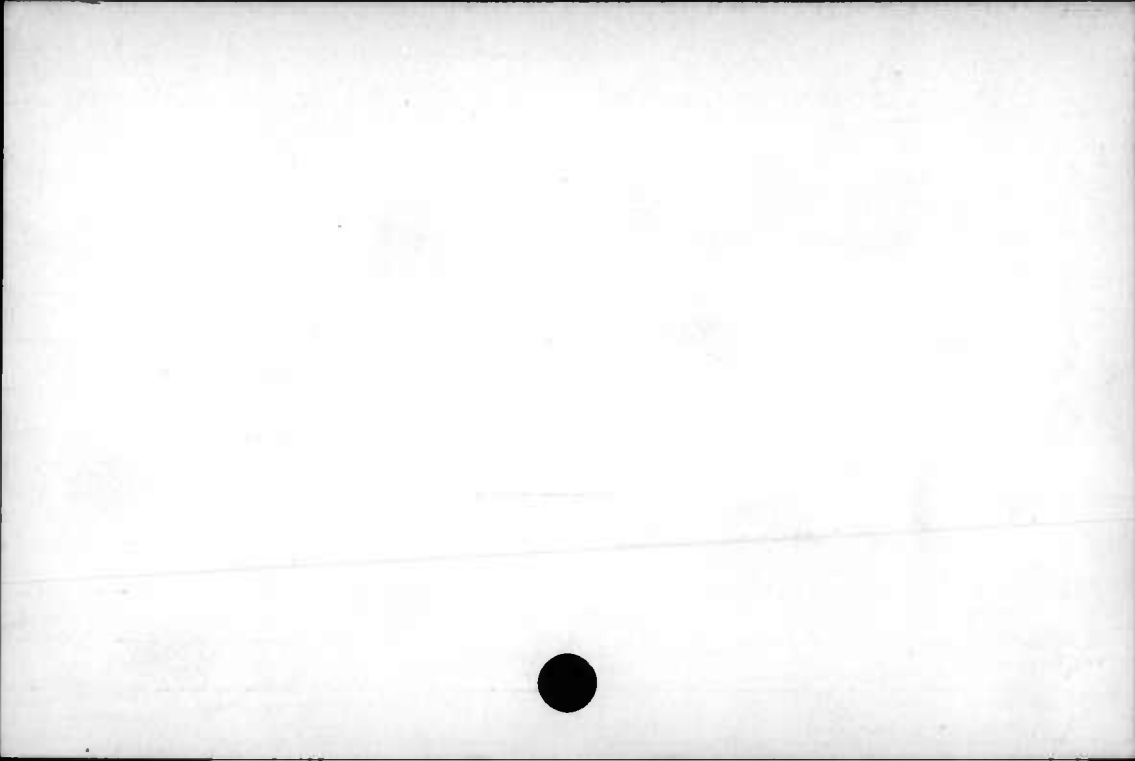
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County		Allegany		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days			
3	May	30	18						
Sex	Male		Color or Race	White		Birth-place	—		
Married, Single or Widowed	Single		Occupation	Clerk in hotel					
Name of Wife or Husband									
Father's Name									
John Clune									
Mother's Maiden Name									
Name of person giving information									
How related to deceased									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Small-pox</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. M. Spear</i>	
		Address	
		<i>Cumberland Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

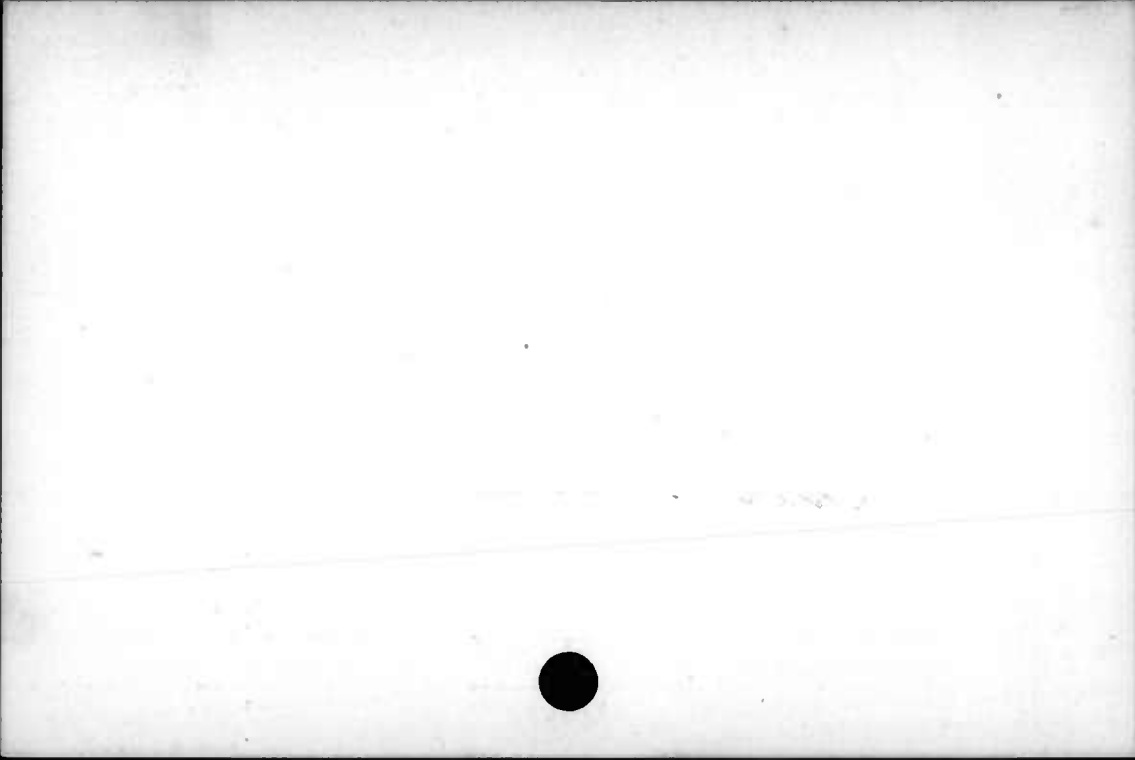
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ida Limerick Coffman

CERTIFICATE OF DEATH

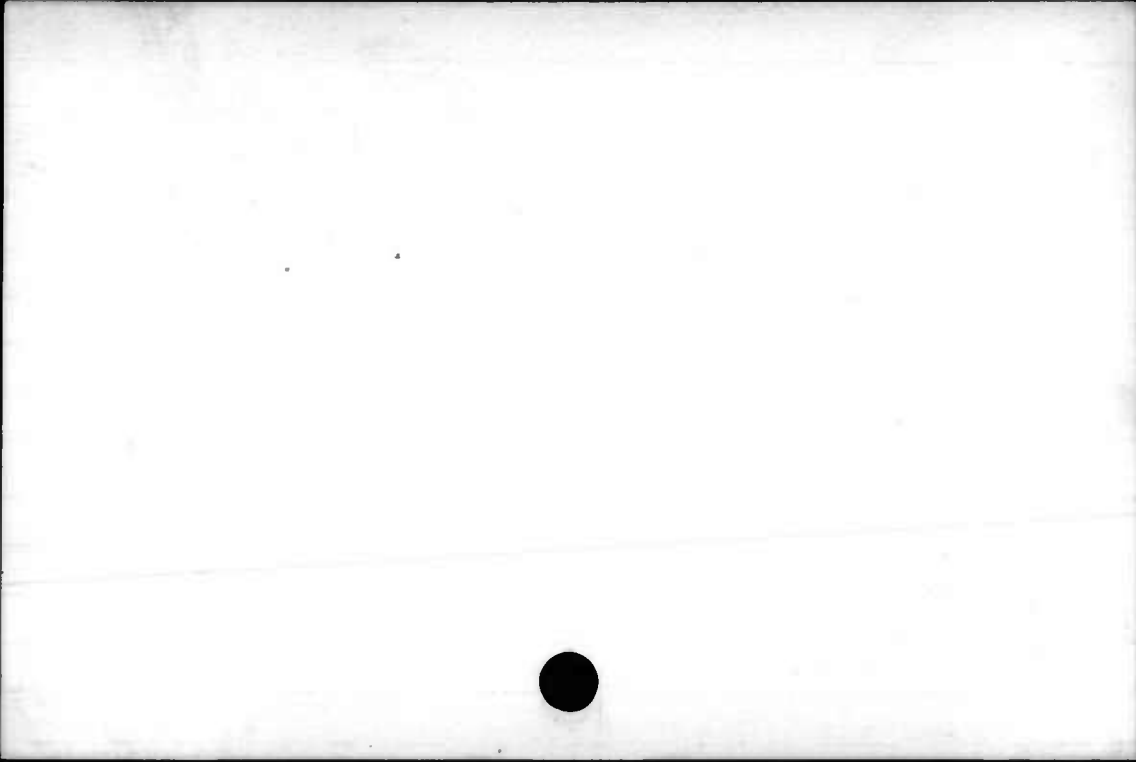
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So Cumberland</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>27</i>	Age <i>1</i>	Years <i>4</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>David Coffman</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Mrs. Limerick Coffman</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>David Coffman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis + Pneumonia</i>	How long <i>1 Week</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Broadbent</i>
	Address <i>100 Va ave</i>
	<i>Cumberland Md.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

Tom Calman

CERTIFICATE OF DEATH

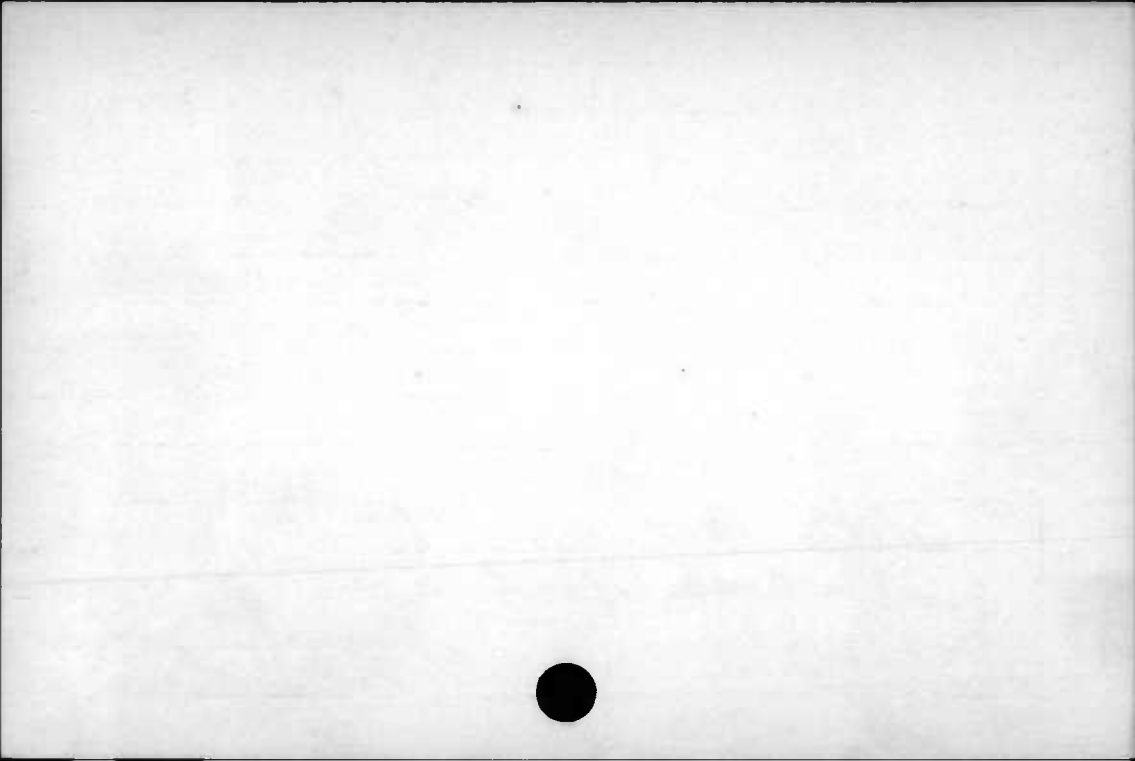
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumula</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death 1903		Month 5		Day 7		Age 56		Years Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>York, Pa.</i>					
Married, Single or Widowed				Occupation <i>R.R. Conductor</i>					
Name of Wife or Husband									
Father's Name				108		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information						How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>		How long <i>48 hours</i>	
Immediate <i>Exhaustion after late laparotomy</i>		How long <i>36 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur K. Hawkins</i>	
		Address <i>Cumula, Pa.</i>	
Accident or Suicide?		<i>Red</i>	



Name
in
Full

John Boniff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chamberland</i>		County <i>Greensway</i>		MARYLAND	
Date of death 190	3	Month <i>5</i>	Day <i>17</i>	Age <i>9</i>	Years <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Chamberland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John S. Boniff</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John S. Boniff</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Otitis Media</i>	How long <i>6</i>	Years
Immediate <i>Cerebral infection</i>	How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James J. Johnson</i>	
	Address <i>Chamberland, Md.</i>	
Accident or Suicide?		

~~the registration~~

Name in Full

Certificate of Death

Name in Full *JW Coole*
 Died at *Cruckland Valley* Town *Cruckland Valley* County *MARYLAND*
 Date 19 *03* Month *May* Day *16* Y. *48* M. *48* D. *48* Native of *Cruckland Valley* Occupation *Cruckland Valley*
 Male *Male* White *White* Married *Married* ~~Widowed~~ ~~Divorced~~ ~~Widower~~ Number of children living *27*
~~Female~~ ~~Colored~~ ~~Single~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of { Primary *Pulmonary Tuberculosis* How long sick *17 years*
 Death { Immediate *Fracture* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70349

Transported
to
Romney

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>16</i>	Age <i>50</i>	Years <i>50</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Boston Mass</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>Engineer</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>S</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace	
Name of person giving information <i>—</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Brain tumor & aneurysm</i>	How long <i>3 days</i>
Immediate <i>brain extravasation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Wiley</i>
	Address <i>Cumtland Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Helma Catharine Fraley

CERTIFICATE OF DEATH

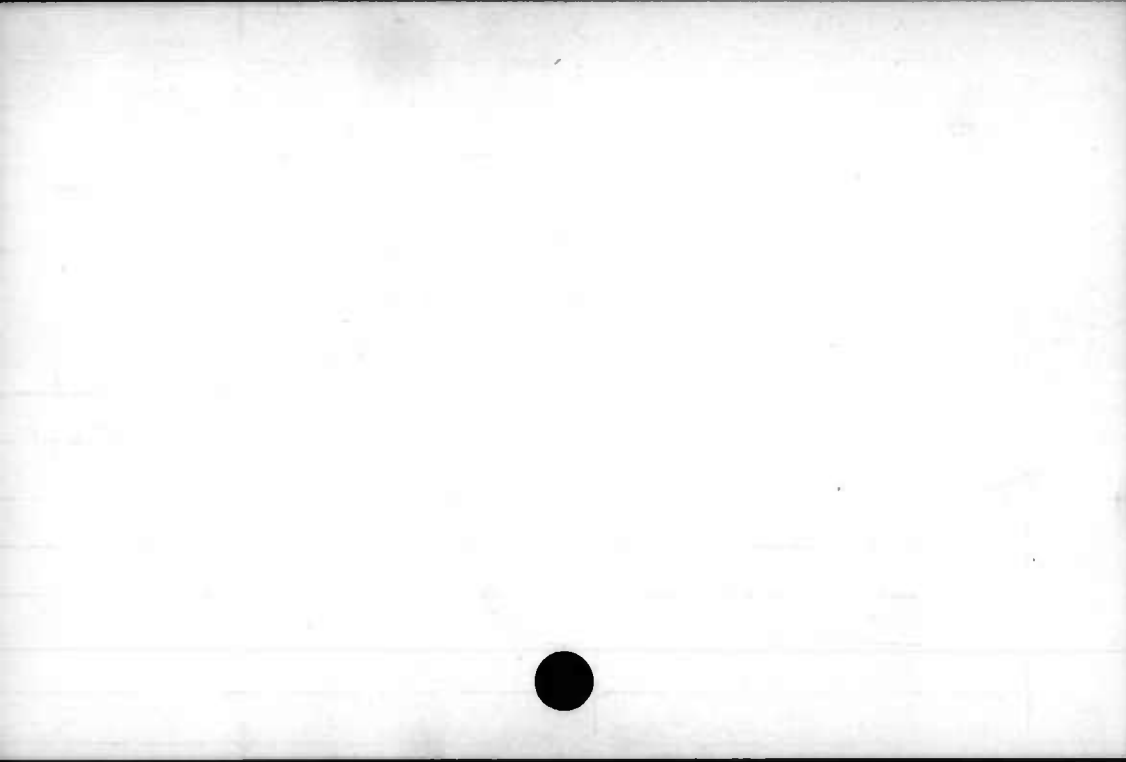
 TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>30</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>25</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Clarence J. Fraley</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Annie Marie Switzer</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

 PHYSICIAN
OR CORONER

Primary	<i>Premature Birth (7 mo)</i>	How long	<i>Life</i>
Immediate	<i>Exhaustion from Transition</i>	How long	<i>1 week</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. L. Broadbent</i>
		Address	<i>100 Va ave</i>
Accident or Suicide?	<i>No</i>		<i>Cumberland Ind</i>



Name in Full		Way Gerlock				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Frederick</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND				
	Date of death 190 <u>3</u>		Month <u>5-</u>	Day <u>9</u>	Age <u>69</u> <small>Years</small>	Months <u>—</u>	Days <u>—</u>		
	Sex <u>F.</u>		Color or Race <u>W.</u>		Birth-place <u>Germany</u>				
	Married, Single or Widowed <u>the widow</u>		Occupation <u>House wife</u>						
	Name of Wife or Husband <u>Wm Gerlock</u>								
	Father's Name <u>—</u>				Father's Birthplace <u>Germany</u>				
	Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>!</u>				
	Name of person giving Information <u>Son Wm Gerlock Jr.</u>				How related to deceased <u>Son</u>				
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary <u>Acute Cancerous</u>				How long <u>2 yrs</u>				
	Immediate <u>—</u>				How long <u>—</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>J. M. Greer</u>				
	Address <u>Frederick</u>				Address <u>Frederick</u>				
Accident or Suicide? <u>—</u>									

Isaac P. Mayer

German Lutheran Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		May		1		65	
Sex		Color or Race		Birth-place		Months	
male		White		Scotland		1	
Married, Single or Widowed		Occupation		Days			
married		miner					
Name of Wife or Husband							
Janet Robytsen							
Father's Name		Father's Birthplace					
Douglas Graham		Scotland					
Mother's Maiden Name		Mother's Birthplace					
Mary Coburn		"					
Name of person giving information		How related to deceased					
Mrs. Janet Graham		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis 120	How long	20 yrs
Immediate	Uræmia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. G. Forth	
		Address	
		Sonacoming Md.	
Accident or Suicide?			
No			



Name
in
Full

Bernard L Grobman

CERTIFICATE OF DEATH

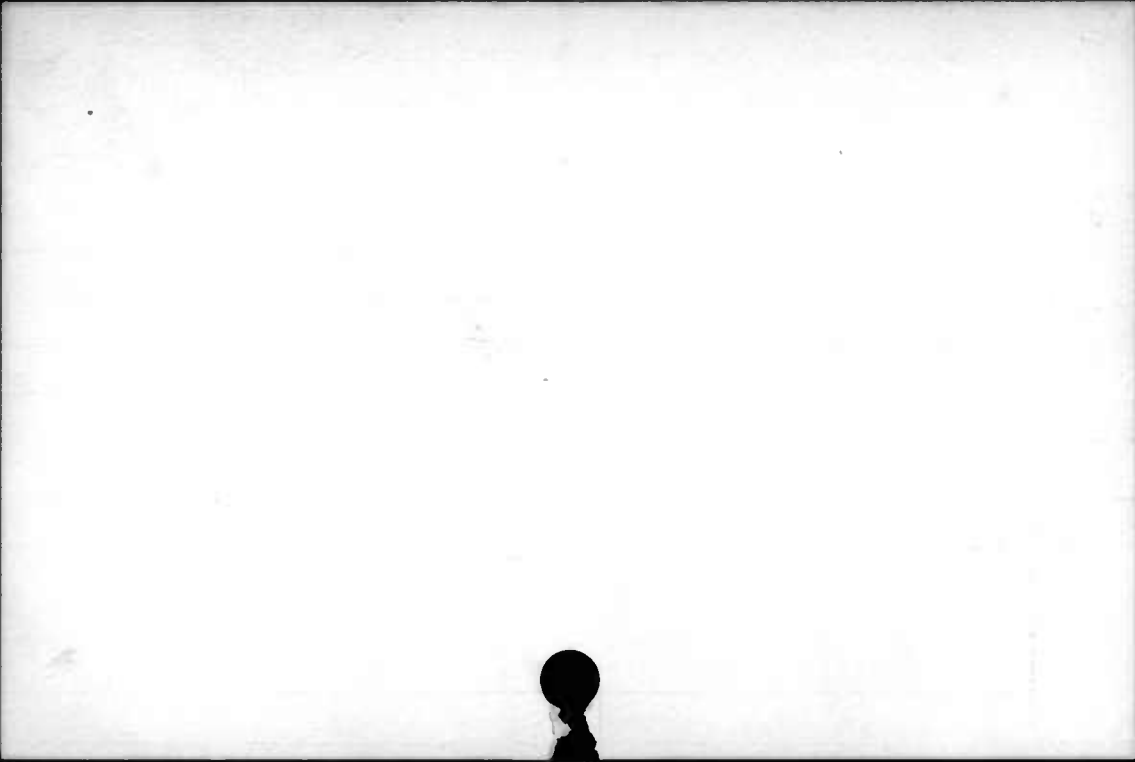
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i>		County <i>Calverton</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Quilmer Md</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Sebastian Grobman</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Annie Luke</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Sebastian Grobman</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial</i>	How long <i>3 days</i>
Immediate <i>convulsions</i>	How long <i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. J. J. J.</i>
	Address <i>Calverton</i>
Accident or Suicide? <i>—</i>	<i>Marlboro</i>



Name
in
Full

CERTIFICATE OF DEATH

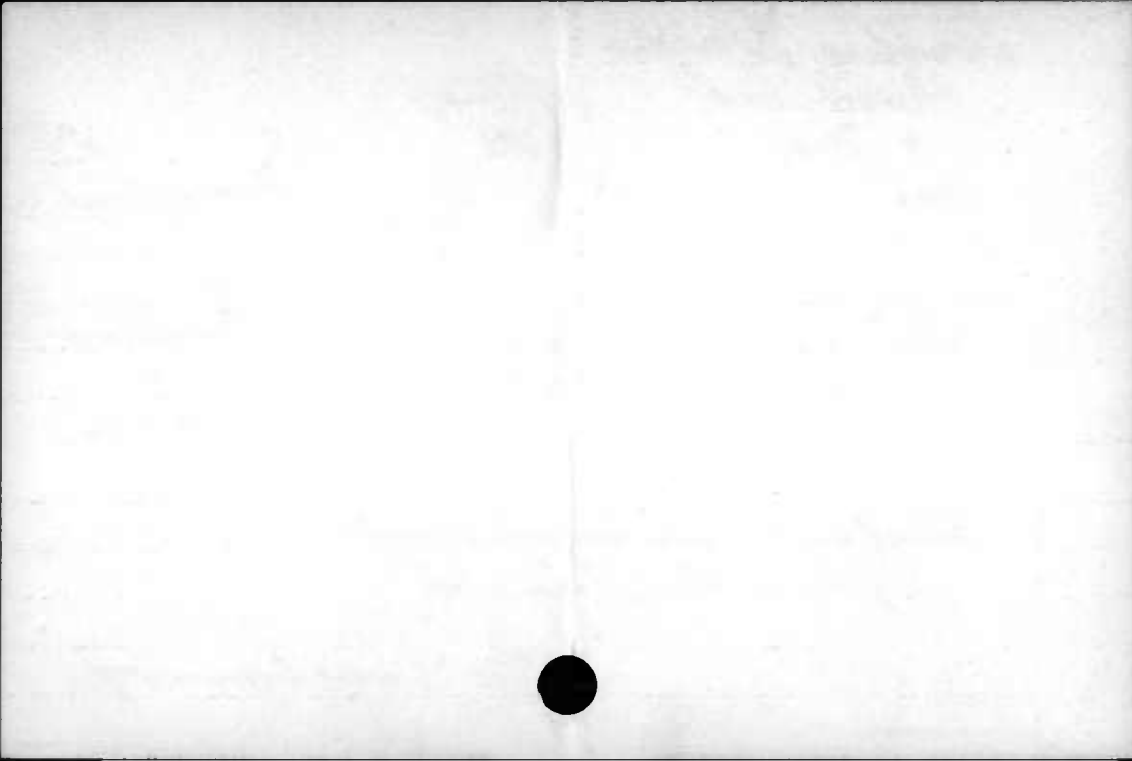
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Levi Hamilton</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumberland</i>		Date of death 1903 <i>3 May</i>		Day <i>22nd</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Months		Days	
Married, Single or Widowed <i>Married</i>		Occupation <i>Black smith</i>		Birth-place			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>79</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Cardiac disease</i>	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jacques J. Johnson</i>
	Address <i>Cumbe Head Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Arthur Hayes* Town *Frostburg* County *Alley* MARYLAND

Died at *Frostburg*

Date of death 190 *3* Month *May* Day *19* Age *22* Years Months *22* Days *15*

Sex *M.* Color or Race *W* Birth-place *Frostburg*

Married, Single or Widowed */* Occupation */*

Name of Wife or Husband */*

Father's Name *Geo Hayes* Father's Birthplace *Frostburg*

Mother's Maiden Name *Annie Lumberburg* Mother's Birthplace *"*

Name of person giving information *Self* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Puncture of brain through orbit by wire* How long *12 days*

Immediate *Cephalitis (Tumors)* How long *8 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. G. Jeffers*

Address *Frostburg*

Accident or Suicide */*

G. M.

Allegany County -

Name
in
Full

Elizabeth Heck

CERTIFICATE OF DEATH

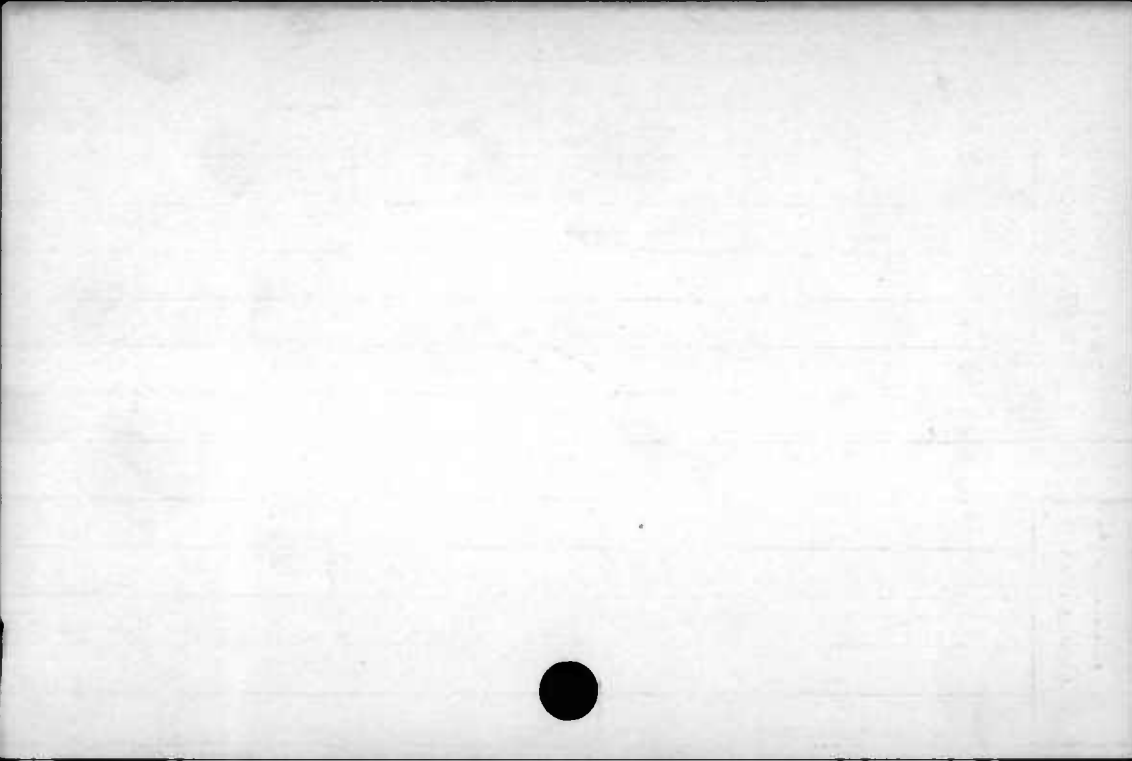
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumabacuse</u>			County <u>Allegheny</u>			MARYLAND		
Date of death 1907	Month <u>May</u>	Day <u>16</u>	Age <u>85</u>	Years	Months <u>6</u>	Days <u>8</u>		
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Gumery</u>				
Married, Single or Widowed <u>widowed</u>			Occupation					
Name of Wife or Husband <u>John Heck</u>								
Father's Name <u>Peter Duane</u>				Father's Birthplace <u>Gumery</u>				
Mother's Maiden Name <u>Catherine Duane</u>				Mother's Birthplace <u>Gumery</u>				
Name of person giving information <u>John</u>				How related to deceased <u>son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hepatitis</u>	How long <u>5-6 days</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Smallwood</u>
	Address <u>Cumabacuse md</u>
Accident or Suicide? <u>-</u>	



Rebecca Elizabeth Henderson

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May

13

Age

75

6

21

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Wife

of

George Henderson Jr., deceased

Father's

Name

Jonathan W. Magruder

Mother's

Name

May Salterway Lynn Magruder

Cause of

Primary

Chronic Brights Disease

How long sick

One year

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

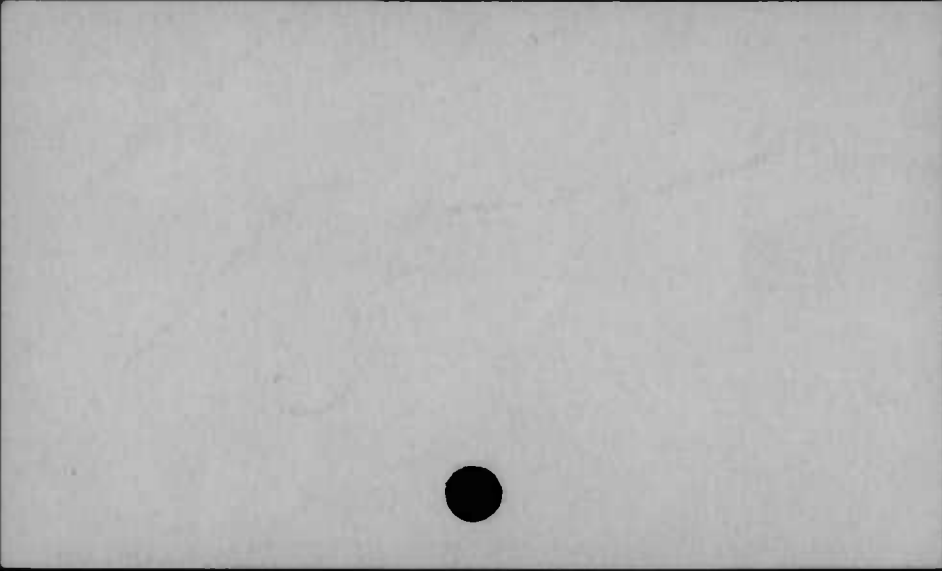
Reported by

E. L. Jones, M.D.

Address

Cumberland, Md.

120



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Western Port* Town

Town

County Allegany
Years 1880

County

MARYLAND

Date
of death 190

Month

Day

Age

Years

Months

Days

Sex

Fremont

Color or Race

Agosto.

Birth-
place

Hardy to Va

Married, ~~Single~~
~~or Widowed~~

Married

Occupation

Housewife

Name of Husband

~~Wife of~~ Robert. Kichue

Father's
Name

Harry Skeeting

Father's Birthplace

Mother's
Maiden Name

Robert Hicken

Mother's Birthplace

How related
to deceased

Mike

CAUSES OF DEATH

Primary

primary Acroquia

35

How long

How long
about 8 mths

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

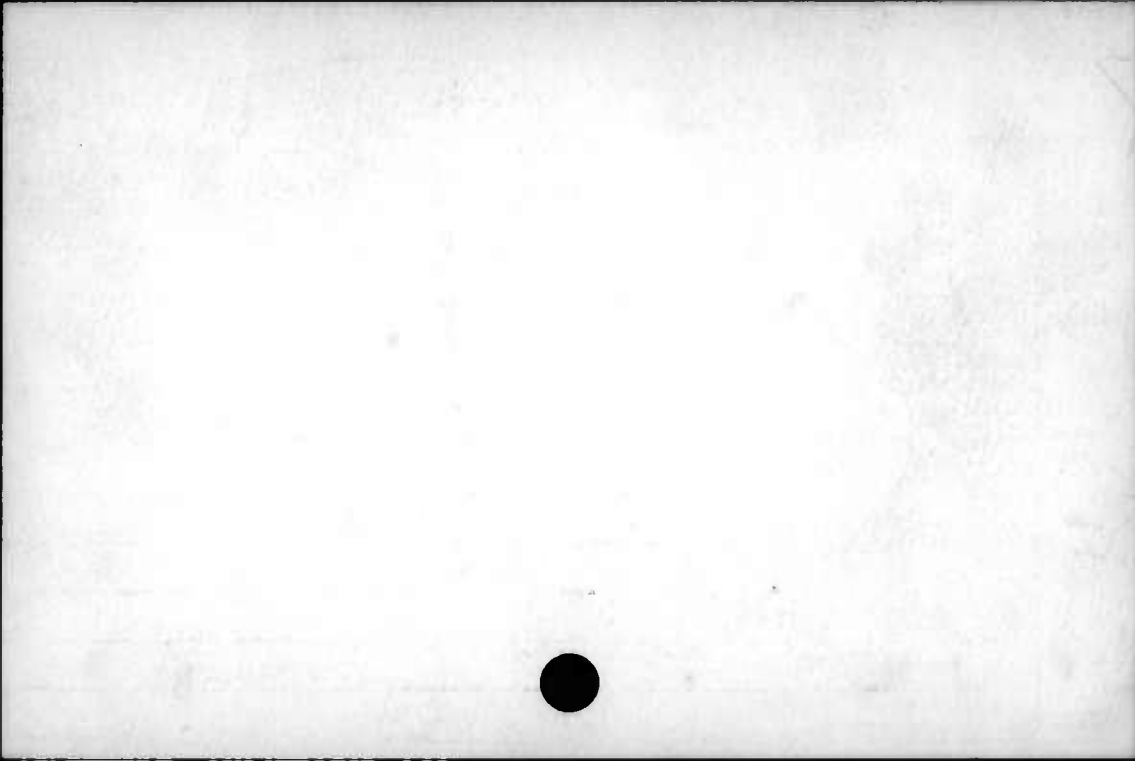
Yes

Signature of Physician

Address

W. F. Kellogg &
Widener
Jr. Va

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Lunenburg		Allegany		MARYLAND					
		Date of death 1903		Month May		Day 7		Age Years		Months Days			
		Sex Male		Color or Race White		Birth- place Italy							
		Married, Single or Widowed		Occupation Laborer									
		Name of Wife or Husband											
		Father's Name Pasquella Jacobacci						Father's Birthplace					
		Mother's Maiden Name						Mother's Birthplace					
		Name of person giving In formation Louis Jacobacci						How related to deceased					
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary An accident occurring in kitchen fire & gas						How long					
		Immediate						How long					
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician E. H. Parsons					
		166						Address Lieutenant M.A.					
		Accident at Soldier											

Lewis Jacobus

Frank Johnson

Town

County

Died at

Cumberland Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May 4

Age

53

Laborer

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

93

How long sick

4 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

B. C. Miller

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susanna Johnson

CERTIFICATE OF DEATH

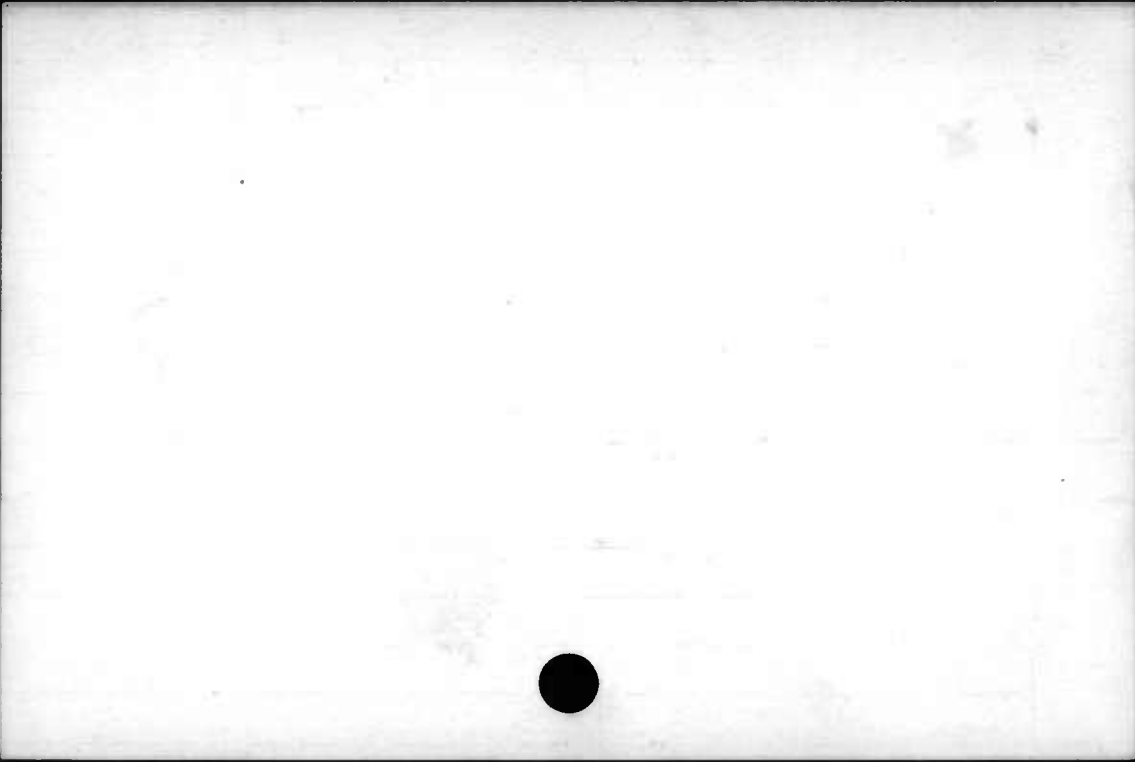
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190	3	Month	5	Day	21	Age	Years 45 Months 2 Days 16
Sex	<i>Female</i>		Color or Race	<i>W.</i>		Birth-place	<i>Md</i>
Married, Single or Widowed				Occupation <i>H. H.</i>			
Name of Wife or Husband				<i>Joshua Johnson</i>			
Father's Name				<i>Godfrey Berkebile</i>		Father's Birthplace	<i>Pa</i>
Mother's Maiden Name				<i>Mary E. Dayton</i>		Mother's Birthplace	<i>Md</i>
Name of person giving information				<i>Helen Berkebile</i>		How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>		How long	<i>about 2 yrs</i>
Immediate	<i>Uraemic Coma</i>		How long	<i>8 Days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. M. Lane M.D.</i>	
1920		Address		<i>Frostburg Md</i>
Accident or Suicide?				



Name
in
Full

Margaret B. Kallough.


CERTIFICATE OF DEATH

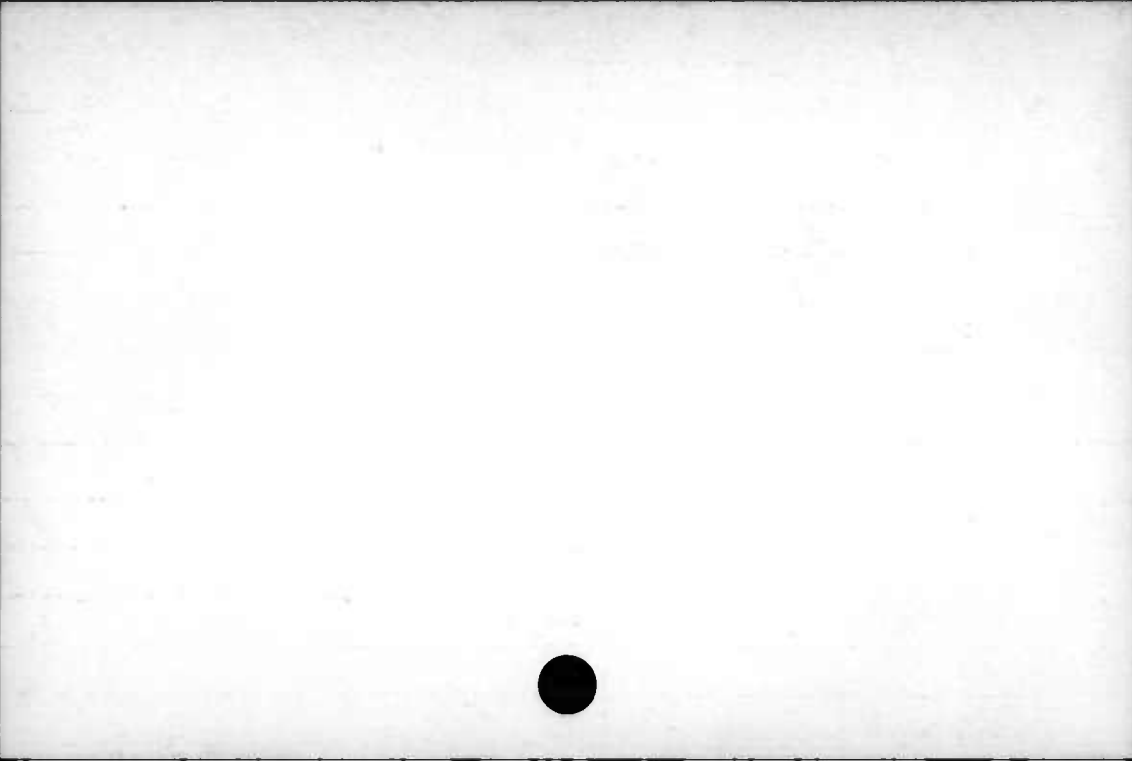
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}			<u>Allegany</u> ^{County}			<u>MARYLAND</u>		
Date of death 190 <u>3</u>	Month <u>5</u>	Day <u>23</u>	Age	Years <u>24</u>	Months <u>3</u>	Days <u>1</u>		
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>N. Va</u>				
Married, Single or Widowed <u>Married</u>			Occupation <u>Wife</u>					
Name of Wife or Husband <u>Harry Kallough</u>								
Father's Name <u>A. K. Crawford</u>				Father's Birthplace <u>Va</u>				
Mother's Maiden Name <u>H. L. H. Wickman</u>				Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Mrs. H. C. Crawford</u>				How related to deceased <u>mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<u>Box</u>		How long	
Immediate <u>apoplexy</u>				How long <u>few minutes</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. H. Fickman</u>			
		Address 			
Accident or Suicide?					



Name
in
Full

Maretta Almeida Knotts

CERTIFICATE OF DEATH

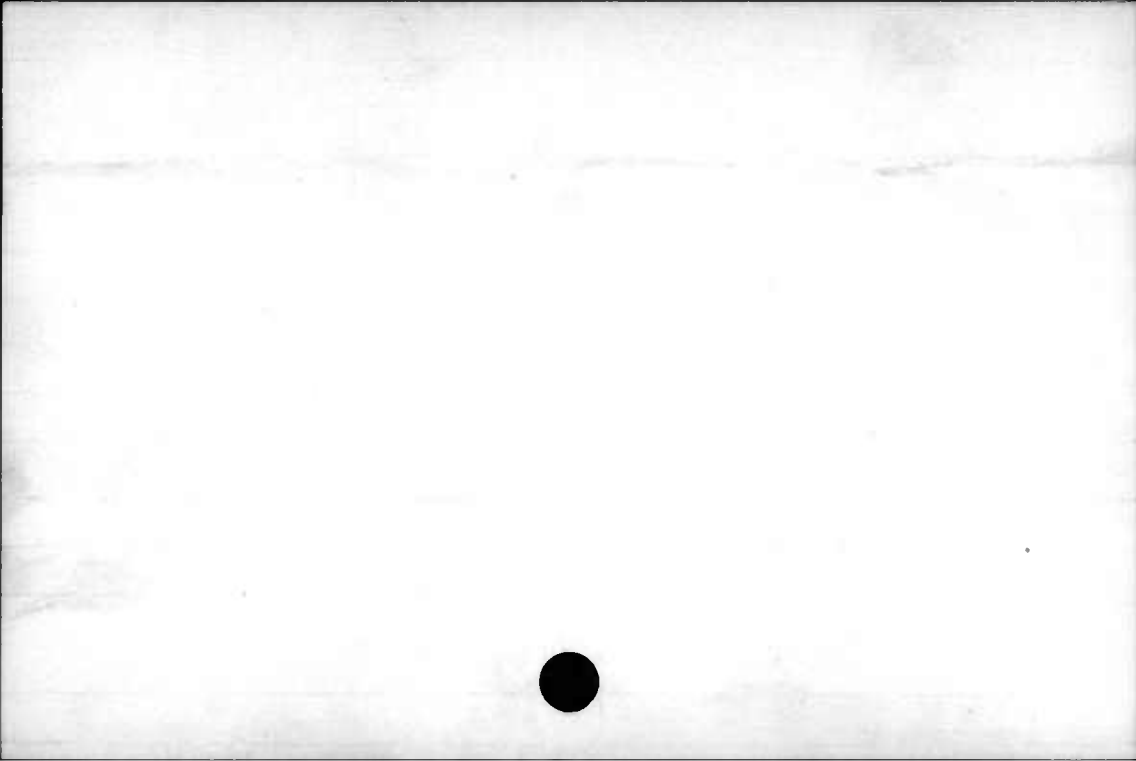
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>2</i>	Years <i>27</i>	Months <i>0</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>N. Va.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Stephen E. Knotts</i>					
Father's Name <i>W. J. Taylor</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Rebecca E. Taylor</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving In formation <i>Husband</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis during Pregnancy</i>	How long <i>2 Mo</i>
Immediate <i>Pneumonia & Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Broadbent</i>
	Address <i>100 Va. ave Cumberland Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

(Stillborn)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mepleside</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>18</i> ^{Day}	Age <i>0</i> ^{Years}	Months <i>0</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mepleside Md.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John W Long</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Elizabeth Davis</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Elizabeth Davis</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

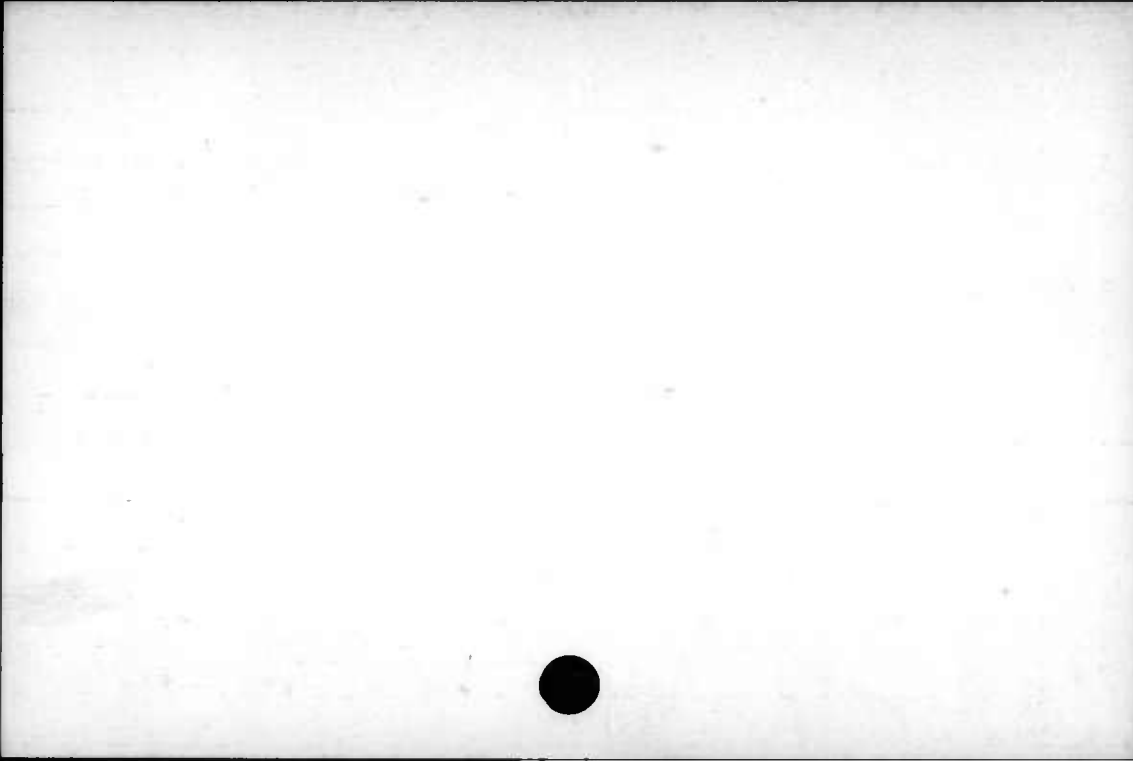
Primary	<i>Stillborn</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo L. Broadnuff</i>
		Address	<i>Cumberland Md.</i>
Accident or Suicide?			



Name in Full		Russell Garfield Long				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Wt. Savage</i>		County <i>Allegheny</i>		MARYLAND		
		Date of death 190	3	Month <i>May</i>	Day <i>28</i>	Age <i>22</i>	Years <i>+</i>	Months <i>+</i>
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Wellsburg, Pa.</i>			
		Married, Single or Widowed <i>Single</i>		Occupation <i>Miner</i>				
		Name of Wife or Husband						
		Father's Name <i>A. H. Long</i>		Father's Birthplace <i>Wellsburg, Pa.</i>				
		Mother's Maiden Name <i>Jennie Winter</i>		Mother's Birthplace <i>Wellsburg Pa</i>				
Name of person giving In formation <i>A. H. Long</i>		<i>166</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>R.R. accident (rt. arm & leg crushed)</i>				How long <i>4 hours</i>		
		Immediate <i>Shock following operation</i>				How long <i>4 hours</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Edward Quares</i>		
						Address <i>Wt. Savage Md.</i>		
		Accident or Suicide?						



Name in Full		Tolbert May				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Chamberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND		
	Date of death 190 <u>3</u>	Month <u>5</u>	Day <u>30</u>	Age <u>51</u>	Years <u>10</u>	Months <u>10</u>	
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Pa</u>			
	Married, Single or Widowed <u>Single</u>		Occupation <u>Retired</u>				
	Name of Wife or Husband						
	Father's Name <u>John T. May</u>			Father's Birthplace <u>Pa</u>			
	Mother's Maiden Name <u>Elizabeth Kaigg</u>			Mother's Birthplace <u>Pa</u>			
	Name of person giving In formation <u>Miss L.E. May</u>			How related to deceased <u>niece</u>			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>Probably disease of Arteries</u>			How long <u>not known</u>			
	Immediate <u>Angina Pectoris</u>			How long <u>few hours</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>J. W. Focktman</u>			
				Address			
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eckhart</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND		
Date of death 190	<u>3</u> ^{Month}	<u>May</u>	<u>26</u> ^{Day}	Age <u>3</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>M</u>	Color or Race <u>White</u>		Birth-place <u>Eckhart Md</u>			
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>						
Father's Name			Father's Birthplace			
Mother's Maiden Name <u>Fannie Nelson</u>			Mother's Birthplace <u>Eckhart Md</u>			
Name of person giving information <u>Mrs J. Nelson</u>			How related to deceased <u>Grandmother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>5 days</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. C. Ober</u>
	Address <u>Fruitland Md</u>
Accident or Suicide? <u>No</u>	

G.M.

Perth. 1899

Name
in
Full

Edward G. Parhaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}			
Date of death 190 <i>3</i>	<i>May</i> ^{Month}	<i>1st</i> ^{Day}	Age <i>50</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>			Occupation <i>labour</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma (?) Gastric</i>	How long <i>six months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Johnson</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Porter</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>21</i>	Age <i>Still born</i>	Months	Days
Sex <i>M</i>	Color or Race <i>W</i>		Birth-place <i>Eckhart</i>		
Married, Single or Widowed <i>/</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Jno Porter</i>			Father's Birthplace <i>Eckhart</i>		
Mother's Maiden Name <i>Lost - known</i>			Mother's Birthplace <i>Lost / Ky</i>		
Name of person giving information <i>Self</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Griffith</i>	
		Address	
Accident or Suicide?			

Park Green yard

to Mr

Name
in
Full

Ragun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at			County		MARYLAND	
Date of death 1903	Month 5	Day 7	Age 51 1/2	Years 1/2	Months	Days
Sex M		Color or Race W		Birth-place Firstburg Md		
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name Chas. Ragun(?)				Father's Birthplace Italy		
Mother's Maiden Name Ans "				Mother's Birthplace Italy		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary (Profound labor)	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. M. Oliver
	Address Firstburg Md.
Accident or Suicide?	

B. M. C.

Catholics

Name
in
Full

Emma Reinhard

CERTIFICATE OF DEATH

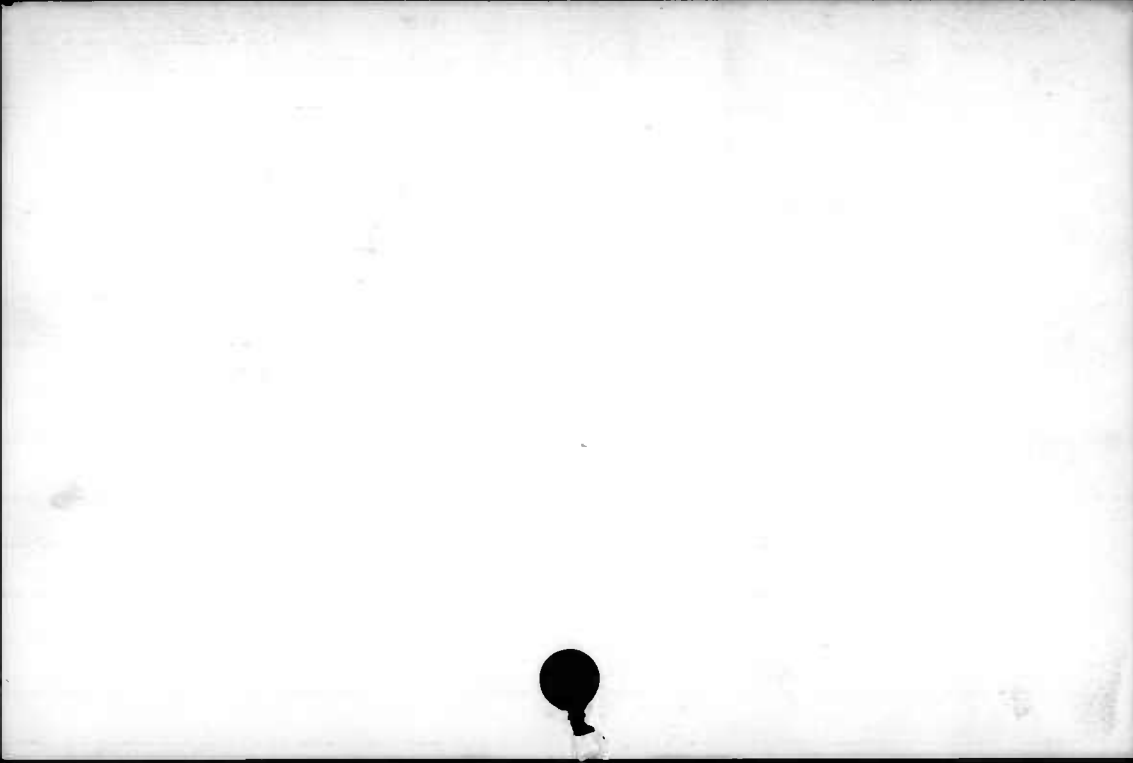
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unionland</i> ^{Town}		<i>allegany</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>27</i>	Age <i>74</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place	
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Jacob Bender</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Liver</i>	<i>40</i>	How long
Immediate	<i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>West M. Grayson</i>	
Accident or Suicide?			



Name
in
Full

George H. Riley

CERTIFICATE OF DEATH

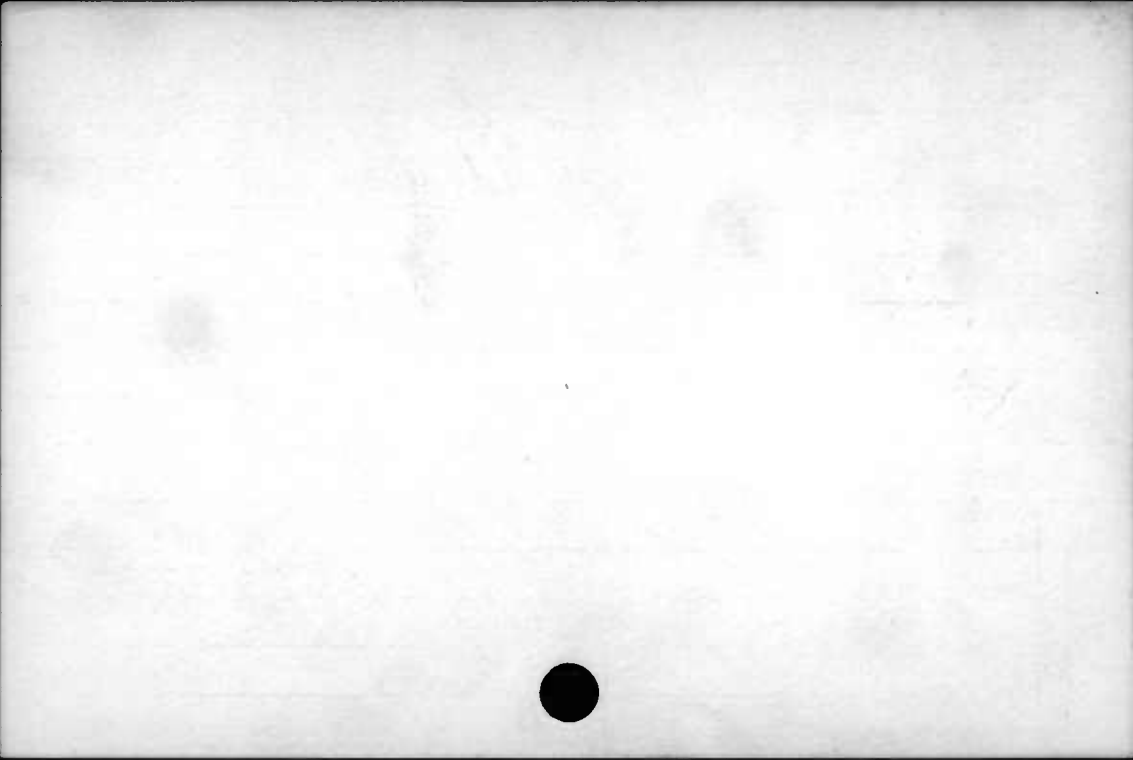
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lentonsville</i>		Town		County		Allegany		MARYLAND	
Date of death 1903		Month		Day		Years		Months	
May		1		Age		39			
Sex		Male		Color or Race		White American		Birth-place	
Married, Single or Widowed		Married		Occupation		Telegraph Operator			
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>Sarcoma of the Skin</i>		How long		<i>10 or 12 months</i>	
Immediate		<i>Sphacema</i>		How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
				<i>W. W. Hodgson</i>			
				<i>Cambridgeport Md</i>			
Accident or Suicide?							



Name in Full

Certificate of Death

Thomas Sandhauer

Town

County

Died at

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

May 13

Age

20

Cumberland

none

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Fether's

Name

Mother's

Maiden Name

Cause of

Primery

Lep crushed off by Engine - 1 1/2 hours

How long sick

Deeth

Immediate

Shock

~~Accident, Suicide, Homicide~~

Reported by

E. P. Blaybrook M.D.

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79009



Name
in
Full

Christian H. Schmitt

CERTIFICATE OF DEATH

Town

County

Died at

Cumbers

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

May

6

Age

45

Sex

male

Color or
Race

white

Birth-
place

Germany

Married, Single
or Widowed

married

Occupation

Name of Wife or
Husband

Schmitt

Father's
Name

Ludwig Schmitt

Father's
Birthplace

Germany

Mother's
Maiden Name

Louisa Schmitt

Mother's
Birthplace

Germany

Name of person giving
information

Mrs Schmitt 27

How related
to deceased

wife

CAUSES OF DEATH

Primary

Pulmonary Consumption

How long

one year

Immediate

Exhaustion

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. J. J. J. J.

Address

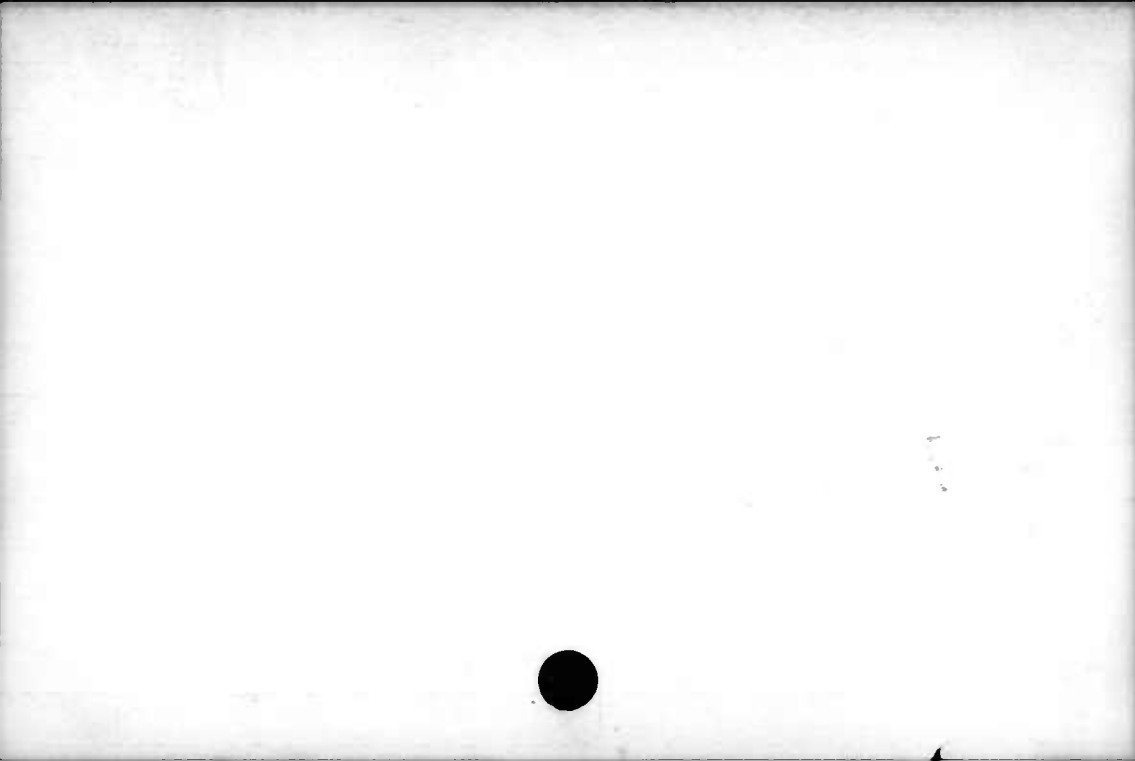
Cumbers road

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

James Simon
 Died at *Cumberland* *Allegheny* *MARYLAND*
 Town County

Date *189 1903* *May* *11* *Age* *13* *Cumberland* *Occupation*
 Month Day Y. M. B. Native of

Male *White* *Married* *Widow* *Divorced*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of _____
 Wife

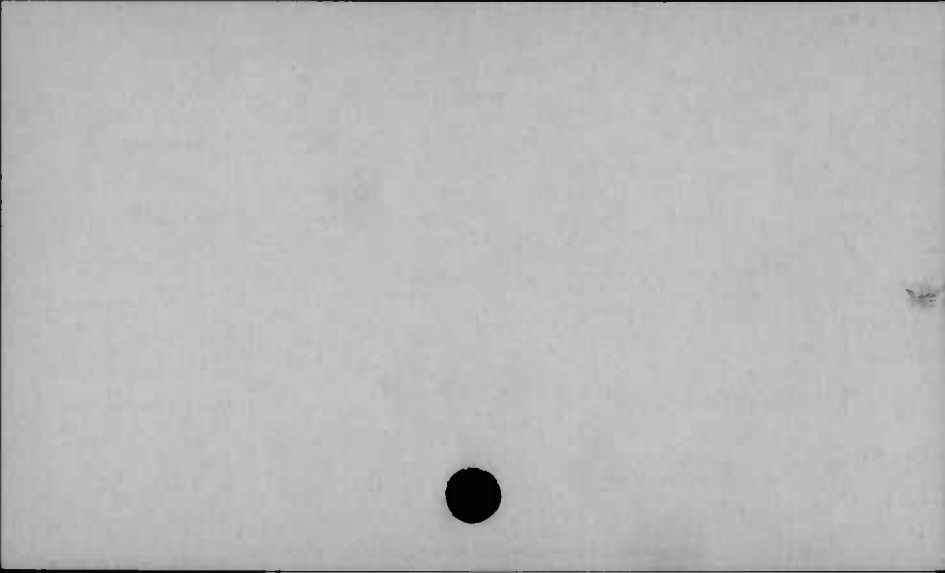
Father's Name *Wm Simon* Mother's Name *Margaret Simon*

Cause of	Primary	<i>Gastro-intestinal catarrh</i>	How long sick <i>3 days</i>
	Death	Immediate	<i>Gastro-intestinal catarrh</i>
			Accident, Suicide, Homicide

Reported by *C. H. W. Smiver*
105.
 Address *Cumberland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full:

Certificate of Death

Clay Simon

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 189-1903

Month

Day

Y.

M.

D.

Native of

Occupation

5 11

Age

13

Cumberland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Wm Simon

Mother's

Name

Margaret Simon

Cause of

Primary

Gastro-intestinal catarrh

How long sick

3 days

Death

Immediate

Gastro-intestinal catarrh

Accident, Suicide, Homicide

Reported by

C. H. Verine

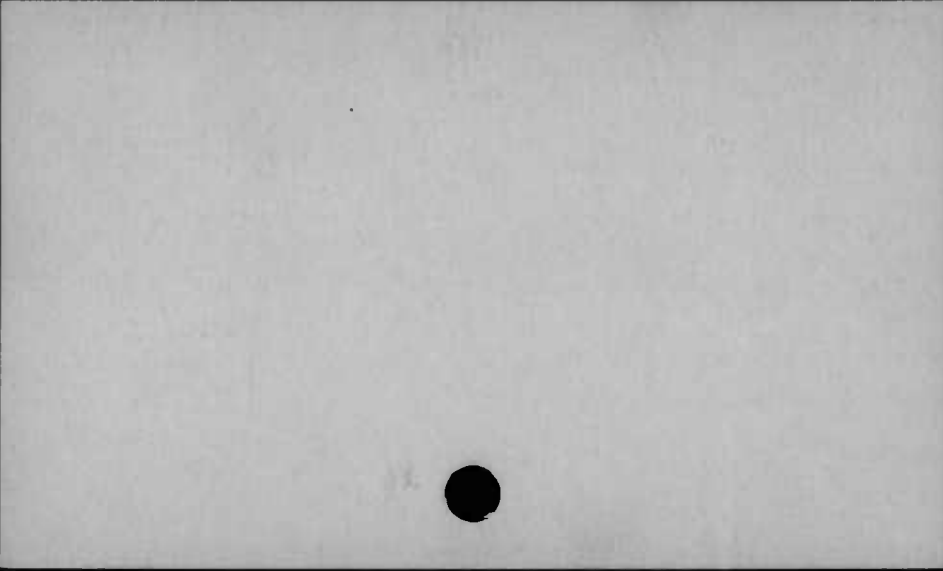
Address

Cumberland.

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
In formation

Town

County

MARYLAND

Month

Day

Age

Years

Months

Days

Color or
Race

Birth-
place

Occupation

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
end place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Carl Smith

CERTIFICATE OF DEATH

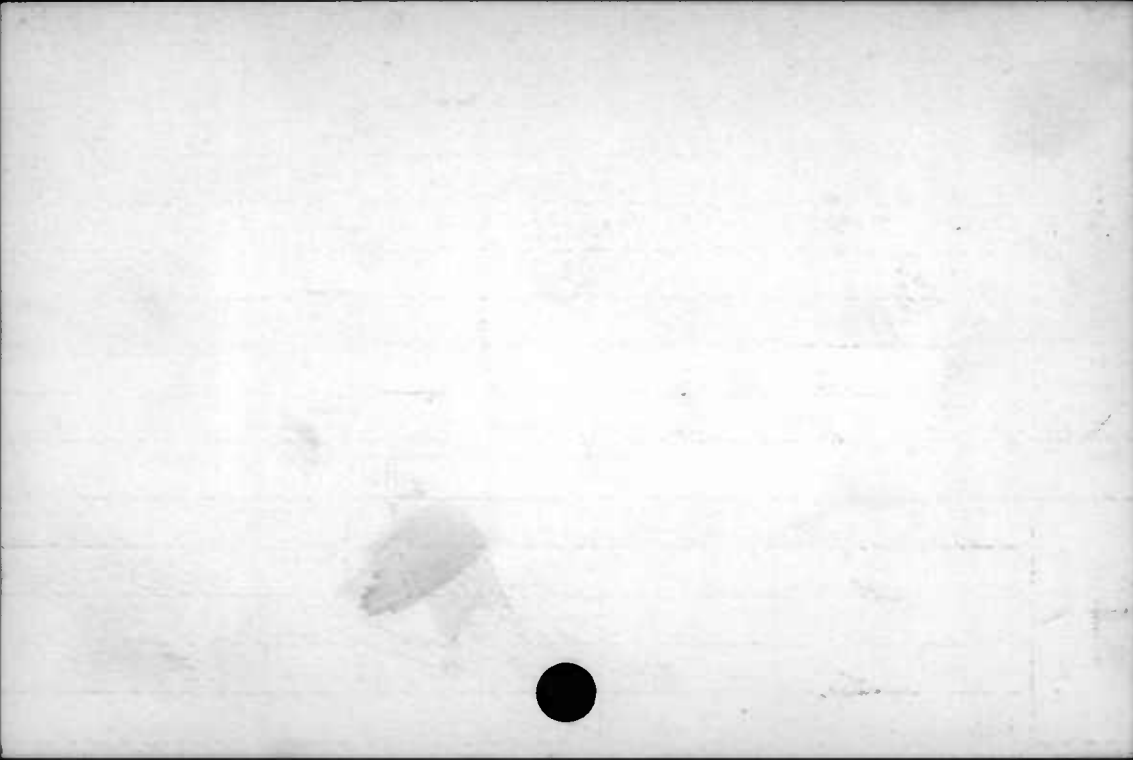
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Throbbing</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>22</i>	Age <i>5</i> ^{Years}	Months <i>9</i>	Days <i>—</i>
Sex <i>M.</i>	Color or Race <i>W</i>		Birth-place <i>Keeran Md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Jno Smith</i>			Father's Birthplace <i>Throbbing</i>		
Mother's Maiden Name <i>Humberson</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>own knowledge</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>9 or 12 days</i>
Immediate <i>Cordae trouble</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yr</i>	Signature of Physician <i>J. Giffeth</i>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kimberland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>30</i> <small>Day</small>	Age <i>60</i> <small>Years</small>	<i>60</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abdominal tuberculosis</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Johnson</i>
		Address
Accident or Suicide?		



Name
in
Full

Carl Stephens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Princeton* ^{Town}*Allegheny* ^{County}

Date

of death 1903

Month

May

Day

18

Age

Years

Months

1

Days

21

Sex

*Male*Color or
Race*White*Birth-
place*Ind*Married, Single
or Widowed*Single*

Occupation

*Child*Name of Wife or
HusbandFather's
Name*John Stephens - 106*Father's
Birthplace*Ind*Mother's
Maiden NameMother's
Birthplace*Ind.*Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Intestinal & Peritonitis

How long

4 days

Immediate

& hemorrhage

How long

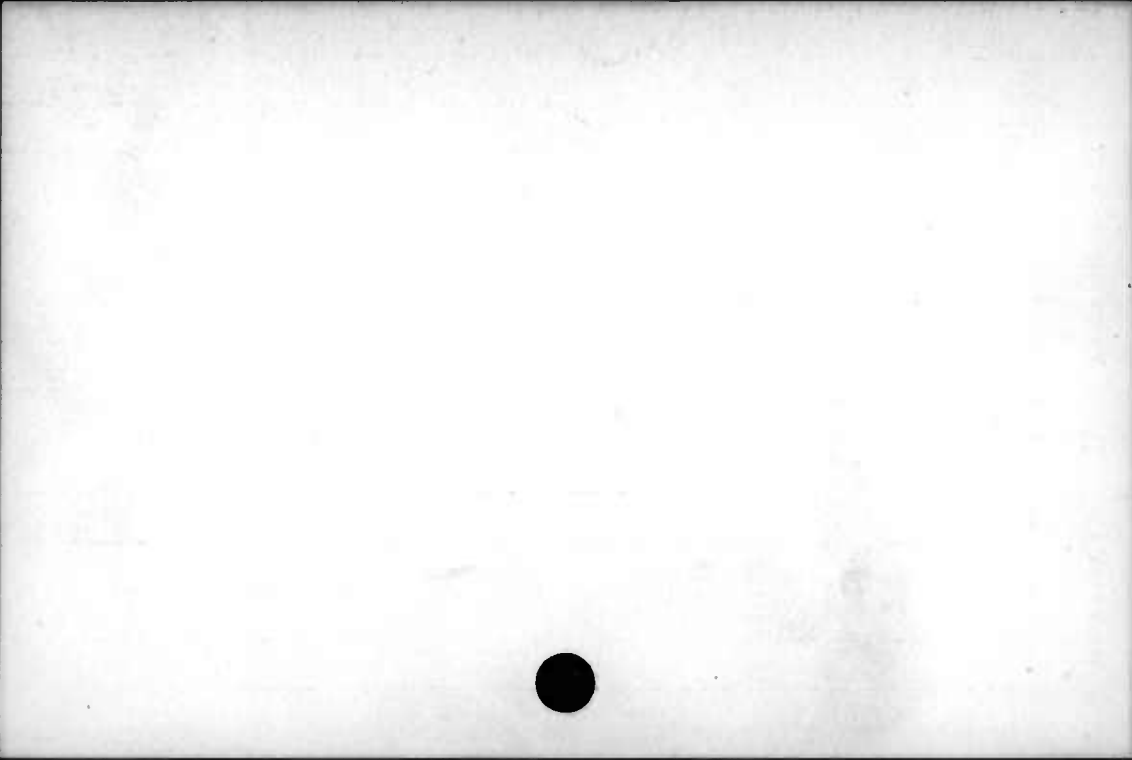
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Dr. H. Rogers,
Princeton, Ind.
Ind*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

A. C. Stevenson

Town

County

Died at

Cumberland

Allegany

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

May 8th

Age

45

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Rail Road Accident

How long sick

Death

Immediate

Accident, Suicide, Homicide

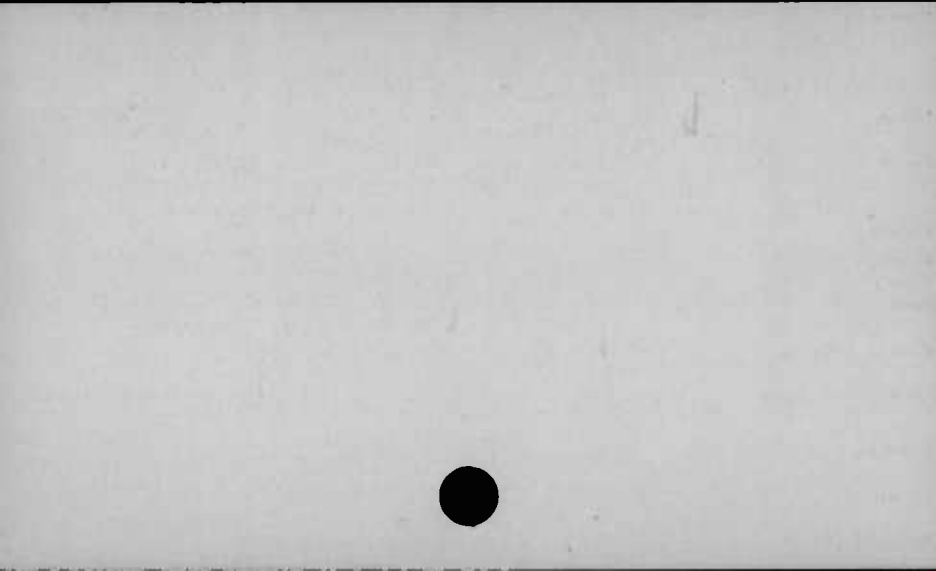
Reported by

W. J. Comer

Address


Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

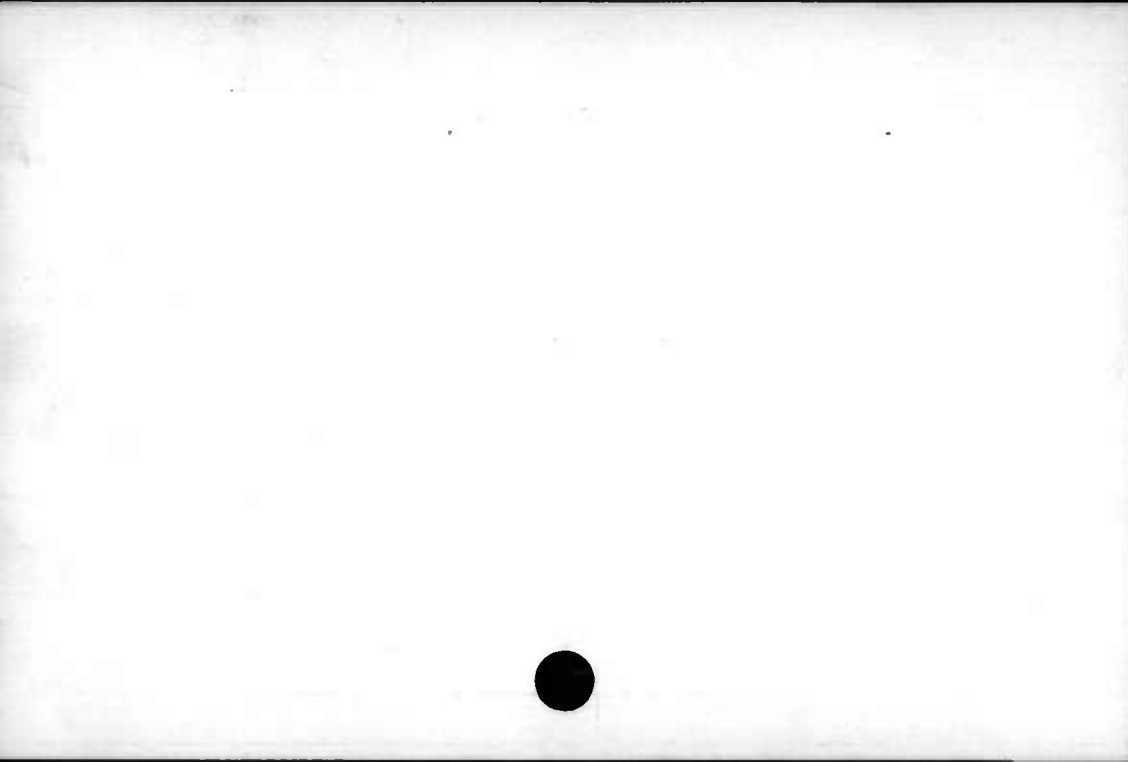
LIBRARY BUREAU, 79898



Name in Full		D. Watson Tennent				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Sonawoning</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>3</u> <small>Month</small> <u>May</u> <small>Day</small> <u>23</u>		Age <u>6</u> <small>Years</small>		<u>9</u> <small>Months</small>		<u>3</u> <small>Days</small>
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Pekin Md</u>		
	Married, Single or Widowed <u>Single</u>		Occupation <u></u>				
	Name of Wife or Husband <u></u>						
	Father's Name <u>John Tennent</u>		Father's Birthplace <u>Pekin Md</u>				
	Mother's Maiden Name <u>Helen Watson</u>		Mother's Birthplace <u>Scotland</u>				
Name of person giving information <u>Mrs Helen Tennent</u>		How related to deceased <u>Mother</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<u>Obstruction in the bowels</u>			How long <u>3 days</u>	
	Immediate		<u>Acute Peritonitis</u>			How long <u>24 hours</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>Ad. Skilling M.D.</u>		
					Address <u>Sonawoning Md</u>		
Accident or Suicide?		<u></u>					



Name in Full <i>Earl Thilbrook</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Town <i>Bunker</i>		County <i>Allegheny</i>
	Died at <i>Bunker</i>		MARYLAND
	Date of death 1903	Month <i>5</i>	Day <i>6</i>
	Age <i>22</i>		Years <i>22</i>
	Sex <i>male</i>		Color or Race <i>white</i>
	Married, Single or Widowed <i>Single</i>		Birth-place <i>Labron</i>
	Name of Wife or Husband <i>72</i>		Occupation <i>Labron</i>
	Father's Name <i>72</i>		Father's Birthplace
Mother's Maiden Name <i>72</i>		Mother's Birthplace	
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Tetanus</i>		How long
	Immediate <i>Heart Failure</i>		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. C. Miller</i>
			Address 
	Accident or Suicide?		



Name
in
Full

Genevieve Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unionland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>15</i>	Age <i>17</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>School Girl</i>		
Name of Wife or Husband					
Father's Name <i>Thomas</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Miss Lane</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>4 hours</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. H. Thomas</i>
Accident or Suicide?	<i>Dr. W. H. Thomas</i>



Name
in
Full

Edward Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bumt</i>		Town		County <i>Alleghany</i>		MARYLAND	
Date of death 190	3	Month 5	Day 12	Years 18	Age	Months —	Days —
Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>Bumt</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>Laborer</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Edwin Valentine</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

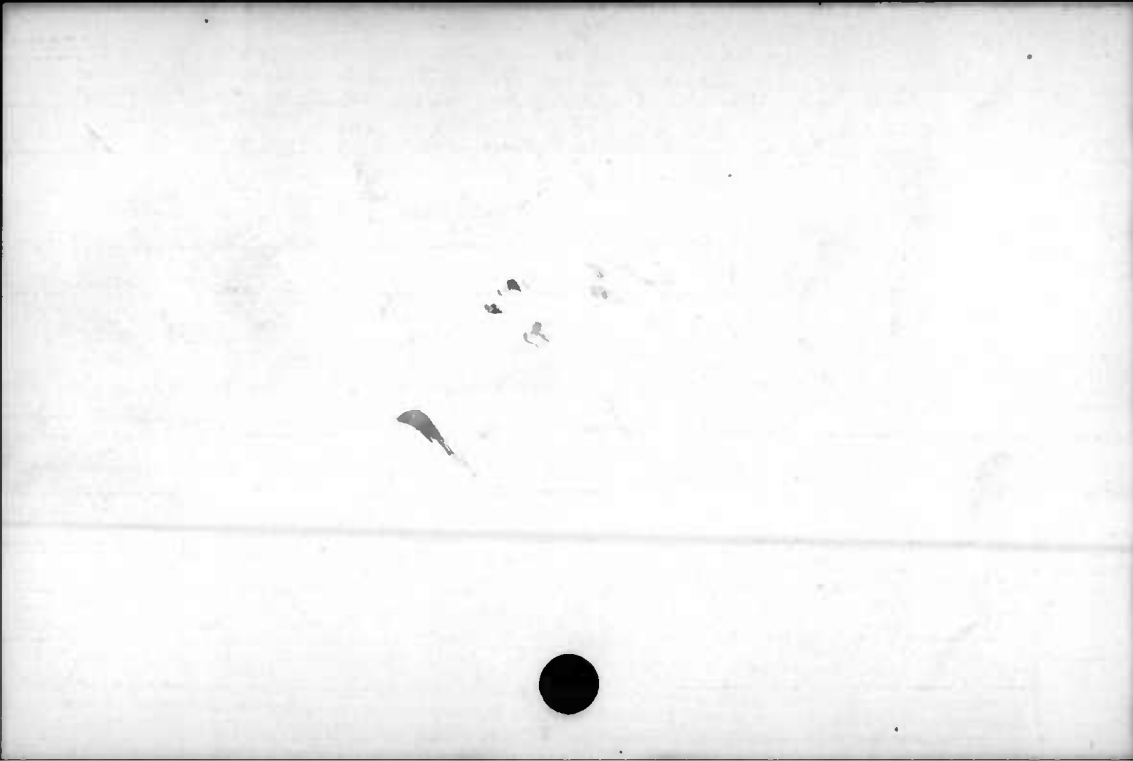
Primary	How long
Immediate <i>accident</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Gomer</i>
<i>Rose Hill</i>	Address <i>Gomer</i>
Accident or Suicide?	



Name in Full		Patient's Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Frostburg</u> Town		<u>Allegheny</u> County		MARYLAND	
		Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>1</u>	Age <u>62</u> years	Months	Days
		Sex <u>Female</u>		Color or Race <u>W.</u>		Birth-place <u>Wales</u>	
		Married, Single or Widowed <u>married</u>		Occupation <u>Housewife</u>			
		Name of Wife or Husband <u>Chas. Williams</u>					
		Father's Name <u>Wm. Jones</u>			Father's Birthplace <u>Wales</u>		
		Mother's Maiden Name <u>Martha Jones</u>			Mother's Birthplace <u>Wales</u>		
		Name of person giving information <u>Chas. Williams</u>			How related to deceased <u>Husband</u>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Bright's Disease &c</u>			How long <u>Four months</u>		
		Immediate <u>Exhaustion</u>			How long <u>" "</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>J. M. Grice</u>		
					Address <u>Frostburg Md.</u>		
		Accident or Suicide?					

C. F. Nickel
Allegheny
Penn

Name in Full		Still born male				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ridgely</i>		Town <i>W.Va</i>		County		MARYLAND			
	Date of death <i>1903</i>		Month <i>May</i>		Day <i>0</i>		Age <i>premature</i>		Years Months Days	
	Sex		Color or Race <i>white</i>		Birth-place <i>Ridgely W.Va.</i>					
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name <i>Henry Wolf</i>				Father's Birthplace <i>Ind</i>					
	Mother's Maiden Name <i>Maria Maase</i>				Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Henry Wolf</i>				How related to deceased <i>Father</i>						
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary <i>Premature birth</i>				How long					
	Immediate <i>Quarantine</i>				How long					
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>W. H. Staushung</i>					
					Address <i>Charmers Ind</i>					
	Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Arthur</i>		County <i>Young</i>		MARYLAND	
Date of death 190	3	Month <i>May</i>	Day <i>29th</i>	Age <i>20</i>	Years <i>20</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>—</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Rail - Roader</i>					
Name of Wife or Husband							
Father's Name <i>S</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Small - pox</i>	How long <i>1 wk</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Greer</i>
	Address <i>Arthur, Md</i>
Accident or Suicide?	

